CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/17/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such e

	the section of the field of Su	· · · · · · · · · · · · · · · · · · ·				
PRODUCER		CONTACT Lida Bunton				
Insurance Associates 1021 Majestic Dr., Suite 330		PHONE (A/C, No, Ext): (859) 233-1443 307	FAX (A/C, No): (859)	254-2370		
Lexington, KY 40513		E-MAIL ADDRESS: Ibunton@insuranceassociates.net				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: Cincinnati Insurance Company		10677		
INSURED FOUSOF Environmental Commit		INSURER B : ClearPath Mutual Insurance Co.				
Fouser Environmental Servic Ltd.	ces,	INSURER C : CNA Insurance Companies				
165 Camden Ave.		INSURER D :				
Versailles, KY 40383		INSURER E :				
		INSURER F:				
COVERAGES CERT	TIFICATE NUMBER:	REVISION NUM	IBER:			

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID OF A MAY.

INSR	NSR					
INSR LTR		INSD	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X	EPP 0211398	9/25/2021	9/25/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
						MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	X POLICY PRO- OTHER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Fa accident) \$ 1,000,000
	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS	Х	EBA 0211398	9/25/2021	9/25/2022	BODILY INJURY (Per person) \$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	X UMBRELLA LIAB X OCCUR					\$
	EXCESS LIAB CLAIMS-MADE	x	EPP 0211398	9/25/2021	9/25/2022	EACH OCCURRENCE \$ 1,000,000
_	DED X RETENTION\$ 0					AGGREGATE \$ 1,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC100-0014049-2021A	44/=1000	11/7/2022	X PER OTH-
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	WC 100-00 14049-2021A	11/7/2021		E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
	Pollution		EEH 288298078	12/23/2021	12/23/2022	CILI DIGILI IGE TOLIO I LIVII I
A	Employment Practices		EMP 0427241	2/1/2022		Ded.: \$10,000 -Agg. 1,000,000
\vdash						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lexington Fayette Urban County Government is listed as additional insured as their interest may appear

CERTIFICATE HOLDER	CANCELLATION
Lexington-Fayette Urban County Government Division of Central Purchasing 200 E Main St, Room 338	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE
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ACORD 25 (2016/03)

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