JTHOMPSON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/11/2022

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 endorsement(s).

PRODUCER	CONTACT NAME:					
Lexington / AssuredPartners NL	PHONE (A/C, No, Ext): (859) 543-1716 FAX (A/C, N	_{10):} (859) 543-1987				
2443 Šir Barton Way, Suite 400 Lexington, KY 40509 INSURED Integrity Architecture, Inc. 2414 Palumbo Dr., Ste. 125 Lexington, KY 40509	E-MAIL ADDRESS:					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Sentinel Insurance Company Ltd	11000				
	INSURER B: Hartford Accident & Indemnity Co	22357				
	INSURER C: RLI Insurance Company	13056				
	INSURER D:					
	INSURER E :					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 CLAIMS.

NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	COMMERCIAL GENERAL LIABILITY			33SBABN6803		1/18/2023	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR				1/18/2022		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000	
	X ANY AUTO			33UECZL1697	1/18/2022	1/18/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
								5	
Α	X UMBRELLA LIAB X OCCUR			33SBABN6803	1/18/2022	1/18/2023	EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	4,000,000
	DED RETENTION\$							s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	33WECBJ8090		1/18/2023	X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE				1/18/2022		E.L. EACH ACCIDENT	\$	1,000,000
		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
							E.L. DISEASE - POLICY LIMIT		1,000,000
С	Professional Liabili			RDP0041913	1/18/2021	1/18/2023	Each Claim		1,000,000
С	Professional Liabili			RDP0041913	1/18/2021	1/18/2023	Aggregate		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICAT	TE HOLDER
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Lexington, KY 40507

EXINGTON FAVETTE
URBAN COUNTY GOVERNMENT
LFUCG
200 East Main

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

BOR