		Client	#: 16564	3			41BL	UEGRASSC9			
-	ACORD.	CERT	IFICA	TE OF LIAB	LIT	Y INSU	JRANG	CE	Contraction of	MM/DD/YYYY) 2/2016	
C B R IN	ERTIFICATE DOES NO ELOW. THIS CERTIFIC EPRESENTATIVE OR IPORTANT: If the certi	OT AFFIRMATIV CATE OF INSUR PRODUCER, A ificate holder is is of the policy,	ELY OR N ANCE DO ND THE C an ADDIT certain po	INFORMATION ONLY AN IEGATIVELY AMEND, EX DES NOT CONSTITUTE A ERTIFICATE HOLDER. TONAL INSURED, the pol policies may require an end	TEND ( CONTI	OR ALTER TI RACT BETWI	HE COVERA EEN THE ISS dorsed. If SU	GE AFFORDED BY 1 UING INSURER(S), / JBROGATION IS WA	HE POLICAUTHORI	CIES ZED bject to	
	DUCER				CONTA NAME:	CT Paula H	ardin		<b>.</b>		
JS	mith Lanier & Co-Le	exington			PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No): 859 254-8020						
Po	well-Walton-Milward	l <sup>n</sup>			E-MAIL ADDRE			(4.0,	110).	•	
10 00	Box 2030						INSURER(S) AF	FORDING COVERAGE		NAIC #	
Lex	kington, KY 40588					RA: Charter			3	25615	
INSU		ontracting Co	-	-				Casualty Ins		36161	
	1075 Red Mil	ontracting Co	np.		INSURER C : KY Assoc. General Contractors						
1	Lexington, K				INSURE	RD: Travele	ers Property	Casualty Co.		25674	
	Loxington, r				INSURE				1		
		050	TICICATE		INSURE	RF:					
-	VERAGES			NUMBER: RANCE LISTED BELOW HAV	/F BEE	NISSUED TO	and the second se	NAMED ABOVE FOR			
IN CI E)	DICATED. NOTWITHSTA ERTIFICATE MAY BE ISS	NDING ANY RE	QUIREMEN PERTAIN, 1 I POLICIES	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	F ANY D BY T	CONTRACT OF HE POLICIES N REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPE	CT TO W	HICH THIS	
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A				DTCO6E947548COF		07/01/2015	07/01/2016	EACH OCCURRENCE		00,000	
	CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence	100 00000000000000000000000000000000000		
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	PRO-							GENERAL AGGREGATE		00,000 00,000	
	OTHER:	LOC						PRODUCTS - COMP/OP A	s s 2,00	00,000	
D				DT810DT6E947548TIL		07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident)		00,000	
-	X ANY AUTO	9		Diological	-			BODILY INJURY (Per perso	and a second second		
	ALL OWNED AUTOS	SCHEDULED AUTOS			*			BODILY INJURY (Per accid	lent) \$		
	X HIRED AUTOS X	NON-OWNED AUTOS				3		PROPERTY DAMAGE (Per accident)	\$		
									r. \$		
В		X OCCUR		DTSMCUP6E947548T	IL	07/01/2015	07/01/2016	EACH OCCURRENCE	\$9,00	00,000	
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$9,00	00,000	
	DED' X RETENTION								\$ DTH-		
С	AND EMPLOYERS' LIABILIT	Y V/N		188820		01/01/2016	01/01/2017	▲  STATUTE    E	R		
	ANY PROPRIETOR/PARTNE OFFICER/MEMBER EXCLUD	ED?	N / A					E.L. EACH ACCIDENT	7	00,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATION							E.L. DISEASE - EA EMPLO		00,000	
A	Equipment:	ONS DEIOW		QT6606E920420	_	07/01/2015	07/01/2016	\$1,000 - Deductil		,000	
	Leased/Rented							\$1,000,000 - Limi		(*)	
	Scheduled							See Details Belo			
Lex cor lim	ington Fayette Urba	an Co. Goveri o the General y.	nment an	0 101, Additional Remarks Schedu d its employees are lis policy described abov	ted as	s Additiona	I Insured as	per written			
										a	
CEF	RTIFICATE HOLDER				CANC	ELLATION					
	Lexington Governme 200 East M		n Co.		THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BI REOF, NOTICE WILI LICY PROVISIONS.			
	Lexington,	KY 40507					20	187 M			
					100	©1	1988-2014 AC	ORD CORPORATIO	N. All righ	nts reserved.	

ACORD 25 (2014/01) 1 of 1 #S2911762/M2911698 The ACORD name and logo are registered marks of ACORD



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EMILIES

	ACORD'	CEF	RTIF	ICATE OF LIA	BILI		URANC	E		EIMILIES E (MM/00/YYYY) 3/23/2016
	THIS CERTIFICATE IS ISSUED CERTIFICATE DOES NOT AFFIR BELOW. THIS CERTIFICATE O REPRESENTATIVE OR PRODUCE	MATIVE F INSUI R, AND	LY O RANCI THE C	R NEGATIVELY AMEND, E DOES NOT CONSTITU CERTIFICATE HOLDER.	, exte Ite a	ND OR ALT	ER THE CO BETWEEN	OVERAGE AFFORDED THE ISSUING INSURER	TE HO BY TI S(S), A	DLDER, THIS HE POLICIES AUTHORIZED
1	IMPORTANT: If the certificate the terms and conditions of the certificate holder in lieu of such e	oolicy, c	ertain	policies may require an e	e polic endorse	y(ies) must b ement. A sta	te endorsed. Itement on th	If SUBROGATION IS W his certificate does not o	AIVE onfer	D, subject to rights to the
-	ODUCER		ianda		CONTA	<sup>cr</sup> Emilie S	oliani			
Lo	gan Lavelle Hunt of Lexington				PHONE		allafi	FAX (A/C, No):	···-	
	96 North Broadway xington, KY 40505				E-MAIL		liani@llhle:			
	xington, iti 40000				ADDRE					
							uto Insurar	IDING COVERAGE		NAIC #
INS	SURED		· · · ·			RB:KY AG				
					INSURE			<u> </u>		
	G & G Paving and Cons PO Box 35	struction	Inc		INSURE					
	Lexington, KY 40588				INSURE					
					INSURE			· · · ·		·
C	OVERAGES	CERTIF	ICATI	E NUMBER:				REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE PO INDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF S	NY REQ MAY PE UCH PO	UIREM	ENT, TERM OR CONDITION , THE INSURANCE AFFORM . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA ( THE POLIC REDUCED BY	TO THE INSUF CT OR OTHEF IES DESCRIB PAID CLAIMS,	RED NAMED ABOVE FOR 1 R DOCUMENT WITH RESPI	ECT TO	O WHICH THIS
		ואנ	o!wvo	POLICY NUMBER		POLICY EFF (MN/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN57	rs.	
A				PBP2110708		03/15/2016	02/45/0042	EACH OCCURRENCE	5	1,000,000
	CLAIMS-MADE X OCCUR			F6F2110700		03/13/2016	03/15/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	5	5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	<u> </u>						PERSONAL & ADV INJURY	\$	1,000,000 2,000,000
								GENERAL AGGREGATE	\$	2,000,000
	OTHER: General Liability G	ene						PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
-								COMBINED SINGLE LIMIT	s	1,000,000
Α	X ANY AUTO			BAP2087760		03/15/2016	03/15/2017	(Ea accident) BODILY INJURY (Per person)	\$	1,000,000
	ALL OWNED [ ] SCHEDULE	>						BODILY INJURY (Per socidant)	\$	·
	AUTOS AUTOS NON-OWNE	5						PROPERTY DAMAGE (Por accident)	\$	
									\$	
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000
A	EXCESS LIAB CLAIMS	MADE		PBP2110708		03/15/2016	03/15/2017	AGGREGATE	\$	1,000,000
	DED X RETENTION \$	0							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			i				X PER OTH-		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	Y/N N/N/		6802		01/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$	4,000,000
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	5	4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	4,000,000
	i L									
DE										
	SCRIPTION OF OPERATIONS / LOCATIONS / ) #12-2016	VEHICLES	(ACOR	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requir	red)		
LFI	UCG is listed as an Additional Insur	ed with I	espec	ts to the General Lizbility p	per writi	ten contract				
CF					CANC					
	LFUCG Division of Buil 200 East Main Street	ding Ins	pectic	on	THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE C IEREOF, NOTICE WILL CY PROVISIONS.		
ļ	Lexington, KY 40507				AUTHO	RIZED REPRESE	NTATIVE			

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATIC CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY A BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT COI REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOL This form is used to report coverages provided to a single specific provided to multiple vehicles under a single policy. Use ACORD 2         PRODUCER       State Farm MICHAEL CAYSE, AGENT 193 E BRANNON ROAD NICHOLASVILLE, KENTUCKY 40356         INSURED       MYERS FENCING, LLC 5001 PARK CENTRAL NICHOLASVILLE, KENTUCKY 40356         DESCRIPTION OF VEHICLE OR EQUIPMENT         YEAR       MAKE / MANUFACTURER MAKE / MANUFACTURER         YEAR       MAKE / MANUFACTURER MODEL         2009       CHEVROLET         SILVERADO       FL         DESCRIPTION       CERTIFICATE NUMBER:         YEAR       MAKE / MANUFACTURER         MODEL       SILVERADO         2009       CHEVROLET         SILVERADO       FL         DESCRIPTION       CERTIFICATE NUMBER:         YEAR       MAKE / MANUFACTURER         MODEL       SILVERADO         YEAR       MAKE / MANUFACTURER         MODEL       SILVERADO         DESCRIPTION       FL         OCOVERAGES       CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BE PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERN WHICH THIS CERTIFICATE MAY BE ISSUED O	INSTITUTE A CONT DER. IC vehicle or equipn 25 for that purpose. CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID INSURER A : INSURER B : INSURER B : INSURER C : INSURER C : INSURER E : EDDY TYPE TBD TR ELOW HAS/HAVE BEE M OR CONDITION OF	INSURER(S) AF State Farm Fire and 1GBJC74609	COVERAGE AFFORDE IN THE ISSUING INSUR this form to report liability [AC, N] [AC, N] [A	D BY THI RER(S), AI ty coverage to: 859-27	e policies Uthorized
This form is used to report coverages provided to a single specific provided to multiple vehicles under a single policy. Use ACORD 2         PRODUCER         StateFarm MICHAEL CAYSE, AGENT         193 E BRANNON ROAD         NICHAEL CAYSE, AGENT         193 E BRANNON ROAD         NICHOLASVILLE, KENTUCKY 40356         INSURED         MYERS FENCING, LLC         5001 PARK CENTRAL         NICHOLASVILLE, KENTUCKY 40356         DESCRIPTION OF VEHICLE OR EQUIPMENT         YEAR         MAKE / MANUFACTURER         MODEL         2009         CHEVROLET         SILVERADO         DESCRIPTION OF VEHICLE OR EQUIPMENT         MODEL         2009         CHEVROLET         SILVERADO         FL         DESCRIPTION         COVERAGES         CERTIFICATE NUMBER:         THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BE         PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERI         WHICH	ic vehicle or equipn 25 for that purpose. CONTACT PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID INSURER A : INSURER B : INSURER B : INSURER C : SURANCE AFFORDED S). POLICY EFFECTIVE	LINDA SPOTTS 859-272-0264 linda.spotts.ifrx@ #: INSURER(s) AF State Farm Fire and 1GBJC74609	FAX (AVC, N Statefarm.com FORDING COVERAGE d Casualty Company VEHICLE IDENTIFICATION N 0F158906	io): 859-27	72-0292
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GENERAL LIABILITY		ĺ	COMBINED SINGLE LIMIT	\$_1MM	
	07/02/2015	07/02/2016	BODILY INJURY (Per person)	\$	
			BODILY INJURY (Per accident)	\$	
OCCURRENCE			PROPERTY DAMAGE	\$	
			EACH OCCURENCE	\$	
CLAIMS MADE			GENERAL AGGREGATE	\$	
NSR LOSS	POLICY EFFECTIVE	POLICY EXPIRATION	· · · · · · · · · · · · · · · · · · ·	\$	-
TR PAYEE TYPE OF INSURANCE POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)		DUCTIBLE	
VEH COLLISION LOSS			ACV AGREED AMT	\$	LIMIT
VEH COMP VEH OTC				\$	DED
VEH COMP VEH OTC			ACV AGREED AMT	\$	LIMIT
PROPERTY			STATED AMT	\$	DED
BASIC BROAD			ACV AGREED AMT	÷	
			RC STATED AMT	\$ \$	LIMIT
				÷	DED
REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Attach	dditional Remarks Schedu	lle. if more space is mo	nuired)		
			laneal		
ADDITIONAL INTEREST					
Select one of the following:		NCELLATION			······
The additional interest described below has been added to the policy(ies) listed herein by polic; A request has been submitted to add the additional interest described below to the policy(ies)	y number (s). BE	FORE THE EXPIRA	ABOVE DESCRIBED POLIC TION DATE THEREOF, NOT RDANCE WITH THE POLICY	ICE WILL P	E
listed herein by policy number(s). EHICLE / EQUIPMENT INTEREST: LEASED FINANCED				PROVISIO	NS.
AME AND ADDRESS OF ADDITIONAL INTEREST		CRIPTION OF THE ADD			_
LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT		ADDITIONAL INSURED			
DIVISION OF CENTRAL PURCHASING	F	LENDER'S LOSS PAYE			
200 EAST MAIN STREET	LOAN	V/LEASE NUMBER			
LEXINGTON, KENTUCKY 40507			<u> </u>		
	AUTH	IORIZED REPRESENT	II. Xn de	F	
		<u> A</u>	ORD CORPORATION.	2	

1004361	142987.2	01-28-2013

ACORD	CER	TIF	ICATE OF LIA	BILI		URANC	MYERS-1	DATE	OP ID: LKS (MM/DD/YYYY) (24/2016
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRI BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUCE	MATIVEL	Y OF NCE	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	BY THE	POLICIES
IMPORTANT: If the certificate ho the terms and conditions of the po certificate holder in lieu of such er	olicy, certa	ain p	olicies may require an e						
PRODUCER Kentucky Insurance Group LLC P O Box 910828					Joseph , <sub>Ext):</sub> 859-27			859-2	52-5831
Lexington, KY 40591-0828 Joseph R. Barnes				ADDRES	INS	SURER(S) AFFOR	nsurancegroup.com		NAIC #
INSURED Myers Fencing LLC 5001 Park Central Nicholasville, KY 403	56			INSURER A : Cincinnati Insurance Co. INSURER B : INSURER C :					
Nicholasville, KT 400		INSURER D : INSURER E :							
00/554050				INSURE	RF:				
COVERAGES THIS IS TO CERTIFY THAT THE POL INDICATED. NOTWITHSTANDING AN CERTIFICATE MAY BE ISSUED OR M EXCLUSIONS AND CONDITIONS OF S	CIES OF I Y REQUIR /IAY PERT.	NSUF REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY	CONTRACT	OTHE INSURE OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X		ECP 0334190			07/15/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 1,000,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$	2,000,000 2,000,000
OTHER:							Emp Ben.	\$	1,000,000
AUTOMOBILE LIABILITY A ANY AUTO			EBA 0334190		07/15/2015	07/15/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
ALL OWNED AUTOS HIRED AUTOS AUTOS NON-OWNEI AUTOS	)						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
X UMBRELLA LIAB X OCCUR								\$	4 000 000
A EXCESS LIAB CLAIMS-			ECP 0334190		07/15/2015	07/15/2018	EACH OCCURRENCE AGGREGATE	\$ \$	1,000,000
DED         X         RETENTION \$           WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N						PER OTH- STATUTE ER	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
								Ų	
DESCRIPTION OF OPERATIONS / LOCATIONS / N Compliancy for Bid #12-2016 Con				ıle, may bé	e attached if mor	e space is requir	ed)		
CERTIFICATE HOLDER				CANC	ELLATION				
LFUCG DIVISION OF RISK M 200 E. MAIN ST.	-	IEN.	LFUCGMA T	THE ACC AUTHOR	EXPIRATION ORDANCE WI	N DATE THE TH THE POLIC	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL I Y PROVISIONS.		
LEXINGTON, KY 4050	)7			5	ZAS	ànne	4		

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ACORD	

DATE (MM/DD/YYYY) 03/24/2016

										03/	24/2016
C B	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.										
IN th	IPOI e te	RTANT: If the certificate holder is rms and conditions of the policy, o	s an <i>l</i> certai	ADDI n po	TIONAL INSURED, the po						
-		cate holder in lieu of such endorse	emen	t(s).			T				
PRO	DUCE	R Slade & Collins Insurance Agend	су			NAME: PHONE	WIGHCIC I		FAX		10 1105
		3320 Clays Mill Road	- )			(A/C. No		19-1121	(A/C. No):	(859) 2	19-1125
		Suite 109				ADDRES	s: michelle@	Sladeandcol	lins.com		
		Lexington, KY 40503						URER(S) AFFOR	DING COVERAGE		NAIC #
						INSURE	RA: KESA				36609
INSU	RED	Myers Fencing, LLC				INSURE	RB:				
5001 Park Central											
		Nicholasville, KY 40356				INSURE					
						INSURE					
						INSURE					
CO	VER	AGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
		S TO CERTIFY THAT THE POLICIES (				BEEN	SSUED TO TH			OLICY	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.											
INSR LTR	ļ,	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
		CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:								\$	
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
		AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		HIRED AUTOS AUTOS							(Per accident)	\$	
										\$	
		CLAINIS-INIADE							AGGREGATE	\$	
•	WOP	DED RETENTION \$ 0			WC100-0015115-2016A		00/01/0040	00/01/0047	PER OTH-	\$	
A	AND	EMPLOYERS' LIABILITY Y / N			VVG100-0010110-2010A		02/01/2016	02/01/2017	V PER OTH- STATUTE ER		0.000.005
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	2,000,000
	(Man	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	2,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	2,000,000
DES	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, r	may be at	tached if more sp	ace is required)			
CEI	RTIF	ICATE HOLDER				CANC	ELLATION				
		-									
		LFUCG Division of Central Purchasing 200 E Main Street	I			THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE CAN REOF, NOTICE WILL BE (PROVISIONS.		
		Lexington, KY 40507				AUTHOR		ITATIVE	$\wedge$ .		
									14	>	
									Corp		
						<u> </u>	A 44	00 0044 40		11	
							© 19	88-2014 AC	ORD CORPORATION. A	ul right	s reserved.

ACORD 25 (2014/01)



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ACARTER

DATE (MM/DD/YYYY)

	~			IVAIL OF LIA			175 A GA GAA GAA		3/2	23/2016		
BELOW. REPRESE	TIFICATE IS ISSUED AS A ATE DOES NOT AFFIRMAT THIS CERTIFICATE OF IN NTATIVE OR PRODUCER, A	SUR/	ANCE HE C	R NEGATIVELY AMEND E DOES NOT CONSTITU ERTIFICATE HOLDER.	, EXTE ITE A	END OR AL CONTRACT	TER THE C	OVERAGE AFFORDED THE ISSUING INSURE	BY THI R(S), AU	E POLICIES THORIZED		
the terms	NT: If the certificate hold and conditions of the polic holder in lieu of such endor	y, cei	tain	policies may require an e	e polic ndors	ey(ies) must ement. A st	be endorsed atement on t	If SUBROGATION IS Not the sector of the sect	VAIVED confer r	, subject to ights to the		
PRODUCER	ne Insurance				CONTA NAME:	CT						
4384 Clearwa	ater Way, Ste. 200				PHONE (A/C, N	o, Ext): (009)	269-1044	FAX (A/C, No	: (859)	276-0266		
Lexington, K	Y 40515				E-MAIL	SS:						
								RDING COVERAGE		NAIC #		
INSURED					INSURE	R A : Kentuc	ky AGC					
an in the second se	Rio Grande Fence Company	,			INSURER B :							
	et al	6			INSURER C :							
	137 S. Forbes Rd Lexington, KY 40511				INSURER D :							
	Lexington, KT 40511				INSURE							
COVERAGE	S CER	TIFIC	ATE	NUMBER:	INSURE	RF:		DEVISION NUMBER.				
THIS IS TO	CERTIFY THAT THE POLICI	ES O	= INS	URANCE LISTED BELOW	HAVE B	EEN ISSUED	TO THE INCLU	REVISION NUMBER:				
CERTIFICAT	NOTWITHSTANDING ANY R TE MAY BE ISSUED OR MAY IS AND CONDITIONS OF SUCH	PER	TAIN	THE INSURANCE AFFOR	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP				
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMI	TS			
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	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	s			
								PERSONAL & ADV INJURY	\$			
Statistics of the second second	REGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s			
POLIC	And a second sec							PRODUCTS - COMP/OP AGG	s			
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	WNED SCHEDULED							BODILY INJURY (Per person)	S			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE				
	AUTOS							(Per accident)	S			
UMBR	ELLA LIAB OCCUR							EACH OCCURRENCE	S			
EXCES	SS LIAB CLAIMS-MADE							AGGREGATE	S S			
DED	RETENTION \$						-	, and the second s	s			
AND EMPLO	COMPENSATION DYERS' LIABILITY							X PER X OTH- STATUTE X ER				
A ANY PROPR OFFICER/ME	IETOR/PARTNER/EXECUTIVE	N/A	1	792		01/01/2016	01/01/2017	E.L. EACH ACCIDENT	s	4,000,000		
(Mandatory	in NH)							E.L. DISEASE - EA EMPLOYEE	s	4,000,000		
DÉSCRIPTIC	be under ON OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	4,000,000		
DESCRIPTION OF	OPERATIONS / LOCATIONS / VEHICL	ES (AG	CORD	101, Additional Remarks Schedule	, mav be	attached if mon	e space is require					
Job: Construct	ion Unit Price Contract for Pa	rks a	nd Re	∋C.	,,		o opuce is require	-uj				
CERTIFICATI	EHOLDER				CANC	ELLATION	10.4ur					
C	exington Fayette Urban Cou Iffice of the Director of Purcl 00 East Main, 3rd Floor	nty G nasin	g g	mment	THE	EXPIRATION	DATE THE	SCRIBED POLICIES BE C/ REOF, NOTICE WILL I ( PROVISIONS.	NCELLE BE DELI	D BEFORE VERED IN		
	exington, KY 40507			7	AUTHOR	ZED REPRESEN	ITATIVE	-11				
					11	101	M.					
					M	EL	y					

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Dear Policyholder,

Thank you for choosing Federated Insurance to handle your insurance and risk management needs. The attached certificate document(s) have been issued or updated.

Please feel free to contact us with any additional changes, additions or deletions that may be needed by contacting the Federated Client Contact Center at:

Phone:1-888-333-4949Fax:507-446-4664E-mail:clientcontactcenter@fedins.com

Thank you for your business!

**Client Contact Center** 

Enclosed: Certificate Document(s)

		ALC: NO.
		1 ®
A	COK	c D
6	· · · · ·	

DATE (MM/DD/YYYY) 03/24/2016

1

	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMATIVE CERTIFICATE OF INSURANCE DOES N PRODUCER, AND THE CERTIFICATE HO			EGATIVELY AMEND FXTF	LY AND CONFER	HE COVEDAGE	S UPON THE CERTIFICATE H	DEL ONL TURO
	MPORTANT: If the certificate holder is and conditions of the policy, certain poli in lieu of such endorsement(s).	an	R. ADD	ITIONAL INSURED, the pol	icv(ies) must be a	indorsed If SIII	BOGATION IS WAIVED autor	4 4 × 4 × 4 × 4
PRC	DUCER DERATED MUTUAL INSURANCE COMPA		-		CONTACT NAME: CLIEN	T CONTACT C	ENTER	
HC	ME OFFICE: P.O. BOX 328	-1141			PHONE (A/C, No, Ext): 888	-333-4949	FAX (A/C, No): 507-446-	4664
ON	ATONNA, MN 55060				E-MAIL		ITER@FEDINS.COM	100-1
						INSURER(S) AFFO	RDING COVERAGE	NAIC #
INSI	IRED	-				RATED MUTUA	L INSURANCE COMPANY	13935
	GRANDE FENCE COMPANY			383-686-3	INSURER B:			
137	S FORBES				INSURER C:			
LEX	(INGTON, KY 40511				INSURER D:			
					INSURER E:			
co	VERAGES		ATE		INSURER F:			
-	OLKI	Contraction of the		NUMBER: 96			REVISION NUMBER: 0	
	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REG CERTIFICATE MAY BE ISSUED OR MAY PER AND CONDITIONS OF SUCH POLICIES. LIMIT	TAIN	I, THE	INSURANCE AFFORDED BY	JF ANY CONTRAC			
INSF		ADDL	SUBF WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR		1				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
A							MED EXP (Any one person)	EXCLUDED
~	GEN'L AGGREGATE LIMIT APPLIES PER:	Y	Y	9298377	12/31/2015	12/31/2016	PERSONAL & ADV INJURY	\$1,000,000
	X POURY PRO-						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	A
	X ANY AUTO						(Ea accident) BODILY INJURY (Per person)	\$1,000,000
А	ALL OWNED SCHEDULED AUTOS	Y	N	9298377	12/31/2015	12/31/2016	BODILY INJURY (Per accident)	
	HIRED AUTOS NON-OWNED AUTOS					12/3/12010	PROPERTY DAMAGE (Per accident)	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$2,000,000
А	EXCESS LIAB CLAIMS-MADE	Ν	Ν	9298378	12/31/2015	12/31/2016	AGGREGATE	\$2,000,000
	DED RETENTION WORKERS COMPENSATION							1210111000
	AND EMPLOYERS' LIABILITY						PER STATUTE OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	امدد					E.L. EACH ACCIDENT	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - POLICY LIMIT	
	1				-			
DEEL					1			
SEE	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Atta	ch AC(	ORD 101, Additional Remarks Schedu	ile, it more space is req	uired)		
OFP								
	TIFICATE HOLDER				CANCELLATION			the form
	686-3			96 0				
OFF	NGTON FAYETTE URBAN COUNTY GO ICE OF THE DIRECTOR OF PURCHASIN	VER	NME		SHOULD ANY OF	THE ABOVE DE	ESCRIBED POLICIES BE CANCE	LLED BEFORE
	E MAIN ST FL 3	NO.			ACCORDANCE WI	TH THE POLICE	REOF, NOTICE WILL BE DI	LIVERED IN
	NGTON, KY 40507-1310			ŀ			T FROVISIONS.	
					AUTHORIZED REPRESE	/	2.0	
						C	fun Sateller	

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AGENCY CUSTOMER ID: <u>383-686-3</u> LOC #:

ADDITIONAL DEMARKO COLLEDURE

ADDITIONAL	. REMARKS SCHEDULE Page _1_ of _1_								
AGENCY FEDERATED MUTUAL INSURANCE COMPANY	NAMED INSURED RIO GRANDE FENCE COMPANY 137 S FORBES								
POLICY NUMBER SEE CERTIFICATE # 96.0	LEXINGTON, KY 40511								
CARRIER SEE CERTIFICATE # 96.0	NAIC CODE EFFECTIVE DATE: SEE CERTIFICATE # 96.0								
ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACO									
FORM NUMBER:									
JOB: CONSTRUCTION UNIT PRICE CONTRACT FOR PARKS AND REC. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED - OWNERS, LESSORS OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU ENDORSEMENT FOR GENERAL LIABILITY. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED BY CONTRACT ENDORSEMENT FOR BUSINESS AUTO LIABILITY. INSURANCE PROVIDED BY THE GENERAL LIABILITY COVERAGE IS PRIMARY AND NONCONTRIBUTORY OVER OTHER INSURANCE. GENERAL LIABILITY CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER SUBJECT TO THE CONDITIONS OF THE BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY ENDORSEMENT. FOR REASONS OTHER THAN NON-PAYMENT OF PREMIUM, 30 DAYS NOTICE WILL BE PROVIDED TO THE CERTIFICATE-HOLDER IN THE EVENT THAT THE ISSUING COMPANY CANCELS THE POLICY BEFORE THE EXPIRATION DATE OF THE POLICY.									
	x								
	n								
	ч,								
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Kentucky Farm Bureau Mutual Insurance Company Automobile Insurance



POLICY NUMBER 8608268

Page 1 of 1

## Certificate of Liability

This certificate is effective 03/29/2016 and cancels and replaces any certificate bearing the same policy number and name of insured previously issued to you.

INSURED:

LEXINGTON FAYETTE URBAN CO GOVERNMENT 200 E MAIN ST SUITE 925 LEXINGTON KY 40507-1310 JOHN SENSABAUGH ANGELA D SENSABAUGH 2993 CALICO RD BEREA KY 40403-8833

COVERAGE	E
----------	---

COVERAGE LIMIT

\$1,000,000 each person/\$1,000,000 each accident

Bodily Injury Liability

Property Damage Liability

\$1,000,000 each accident

### Vehicle

#### 2008 FORD 1FDXX46R98EE23001

In the event of any change in, or cancellation of said policy, the undersigned Company will endeavor to give 15 days written notice to the party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the Company.

VICE PRESIDENT, PRODUCT AND RISK MANAGEMENT

CERT (4-09)

COLP-L (2-04)

THIS CERTIFICATE IS ISSUED	AC A 844	TTER	FICATE OF LIAE				11	(MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED CERTIFICATE DOES NOT AFF BELOW. THIS CERTIFICATE REPRESENTATIVE OR PRODUC	F INSUR	ANCE	DOES NOT CONCERNS	AND CONFERS N XTEND OR ALTI A CONTRACT E	IO RIGHTS L ER THE COV BETWEEN TH	IPON THE CERTIFICATE /ERAGE AFFORDED BY HE ISSUING INSURER(S	HOLDE THE P	ER. THIS OLICIES
IMPORTANT: If the certificate I the terms and conditions of the certificate holder in lieu of such	older is		DITIONAL INCLUS					
PRODUCER		ient(s					ner right	s to the
Reynolds Insurance Age PO Box 505	ncy, Inc.		-	CONTACT Sadie L PHONE (850)		and the second second		
631 Chestnut St Berea, KY 40403				(A/C, No, Ext): (859) E-MAIL ADDRESS:	986-8484	FAX (A/C, No	): (859)9	86-4976
Berea, KT 40403								
NSURED Sensabaugh Design & C		INSURER A: STATE	AUTO INS (			NAIC #		
Sensabaugh Design & C 2993 Calico Road	n LLC				OYERS MUTUAL INS		11017	
Berea, KY 40403				INSURER C :				10320
			Г	INSURER D :				
			-	INSURER E :				
OVERAGES				INSURER F :				
THIS IS TO CERTIEN THAT THE DO	IOITO OF		E NUMBER:			REVISION NUMBER		
THIS IS TO CERTIFY THAT THE PO INDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF R TYPE OF INSURANCE	SUCH POLI		THE INSURANCE AFFORDED E	BY THE POLICIES	DESCRIBED H	NAMED ABOVE FOR THE CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	POLICY F TO WHIC	Period H This Ferms,
COMMERCIAL GENERAL LIABILITY	INS		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
			SPP2488756	07/13/2015	07/13/2016	EACH OCCURRENCE	s	1,000,00
				·		DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,00
						MED EXP (Any one person)	\$	5,00
						PERSONAL & ADV INJURY	s	1,000,00
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s	3,000,00
JECT LOC			2			PRODUCTS - COMP/OP AGG	s	3,000,00
AUTOMOBILE LIABILITY							s	0,000,00
						COMBINED SINGLE LIMIT (Ea accident)	s	
ANY AUTO ALL OWNED SCHEDULE						BODILY INJURY (Per person)	s	
AUTOS AUTOS						BODILY INJURY (Per accident)	s	
HIRED AUTOS AUTOS						PROPERTY DAMAGE	s	
UMBRELLA LIAB						(Per accident)	\$	
						EACH OCCURRENCE	s	
CLAIMS	MADE					AGGREGATE	\$ S	
WORKERS COMPENSATION			007 (70				s	
AND EMPLOYERS' LIABILITY	Y/N		397472	04/04/2015	04/04/2016	V PER STATUTE ER	•	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	s	4,000,000
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	s	4,000,000
LEASED OR RENTED EQUIPME	NT		SPP2488756				\$	4,000,000
			SFF2400/50	07/13/2015	07/13/2016			\$200,000
	HICLES (AC	ORD 10	1, Additional Remarks Schedule, may l	be attached if more spa	ce is required)			
JCG 200 E MAIN STREET LEXING	TON, KY.	40507	7 LISTED AS ADDITIONAL II	NSURED IN RES	PECT TO GE	NERAL LIABILITY		
POLICY INCLUDES LIMITED POL	UTION I							
NDITIONS OF THE POLICY PER F	ORM CG	0001	VERSION 12/04		VIAL DISCH	ARGE SUBJECT TO THE	TERMS	AND
			CA	NCELLATION				
RTIFICATE HOLDER								
LFUCG 200 E. Main Street				THE EXPIRATION	DATE THERE	CRIBED POLICIES BE CANO EOF, NOTICE WILL BE PROVISIONS.	DELIVER	EFORE
LFUCG			A	TE EXPIRATION	THE POLICY	OF NOTICE WILL DE	DELLED E	BEFORE ED IN
LFUCG 200 E. Main Street			A	ACCORDANCE WITH	THE POLICY	OF NOTICE WILL DE		BEFORE ED IN

DATE (MM/DD/YYYY)

CERT BELO	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMATI W. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, AN	VELY O	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	UPON THE CERTIFICAT VERAGE AFFORDED B	Y THE	DER. THIS POLICIES		
IMPO the te	RTANT: If the certificate holder erms and conditions of the policy, icate holder in lieu of such endors	is an AD certain	DITIONAL INSURED, the policies may require an e								
PRODUCE				CONTA NAME:	СТ						
	ille Insurance Network					73-8660	FAX	(502) 4	73-8695		
	v Creek Rd			È-MÁIL	a hari @						
Suite 2				E-MAIL ADDRESS: cheri@louisvilleins.com INSURER(S) AFFORDING COVERAGE NAIC #							
	ille KY 40243			INSURER(S) AFFORDING COVERAGE NAIC #							
INSURED				INSURER B :							
	Tennis Technology Inc.			INSURE							
	P O Box 19709			INSURE							
	Louisville KY 40259-0709			INSURE							
				INSURE							
COVER	RAGES CER	TIFICAT	E NUMBER:		- · ·		<b>REVISION NUMBER:</b>				
INDIC. CERT	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	QUIREMI PERTAIN, POLICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LLIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	CT TO N D ALL T	WHICH THIS		
LTR	TYPE OF INSURANCE	INSD WVI	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		s \$1000	000		
A							EACH OCCURRENCE DAMAGE TO RENTED	\$ <b>3000</b>			
^ ⊢	CLAIMS-MADE X OCCUR		0979552514		05/01/15	05/01/16	PREMISES (Ea occurrence)	<u>\$ 3000</u> \$ 1000			
	1		0010002014		00/01/10	00/01/10	MED EXP (Any one person)	<u>\$1000</u> \$1000			
							PERSONAL & ADV INJURY	\$ 2000			
GE	N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						GENERAL AGGREGATE	\$ 2000 \$ 2000			
							PRODUCTS - COMP/OP AGG	<u>\$</u> 2000 \$			
Διπ	OTHER:						COMBINED SINGLE LIMIT	。 \$1000	000		
A .	1						(Ea accident) BODILY INJURY (Per person)	\$ \$			
^ ⊢	ANY AUTO ALL OWNED		4279552500		05/01/15	05/01/16		ъ \$			
	AUTOS AUTOS NON-OWNED		7213332300		03/01/13	03/01/10	PROPERTY DAMAGE	\$			
X	HIRED AUTOS AUTOS						(Per accident)	\$			
x								<u>پ</u> \$ 2000	000		
A _	EXCESS LIAB CLAIMS-MADE		4279552501	05/01/15	05/01/15	05/01/16	EACH OCCURRENCE	\$ <b>2000</b>			
ˆ			.2.0002001		30,01,10	03/01/10	AGGREGATE	•			
	DED RETENTION \$						PER OTH-	\$			
AND	PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$ <b>4000</b>	000		
OFF	FICER/MEMBER EXCLUDED?	N / A						\$ <b>4000</b>			
İf ve	es, describe under						E.L. DISEASE - EA EMPLOYEE	Ŧ			
DES	SCRIPTION OF OPERATIONS below						E.L. DISEASE - PULICY LIMIT	φτου			
	TION OF OPERATIONS / LOCATIONS / VEHIC cate Holder Also Additional Insul	•	RD 101, Additional Remarks Sche	dule, may	be attached if m	nore space is req	uired)				
CERTI	FICATE HOLDER			CANO	CELLATION						
	Lexington Fayette County Division of Central Purcha 200 E Main St. 3rd Floor R	sing	overnment	THE	EXPIRATIO	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E CY PROVISIONS.		LIVERED IN		
	Lexington, KY 40507			AUTHO	RIZED REPRESE	INTATIVE	Jiews		<cv></cv>		
					© 19	88-2014 AC	ORD CORPORATION.	All rial	nts reserved.		



**TENNTEC-01** 

DMYERS

A	CORD C	ERT	IFICATE OF LIA	<b>BILITY INS</b>	URANC	E		(MM/DD/YYYY) 22/2016
C E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT SELOW. THIS CERTIFICATE OF IN CEPRESENTATIVE OR PRODUCER, A	TIVELY ISURAN	OR NEGATIVELY AMEND	, EXTEND OR AL	TER THE CO	VERAGE AFFORDED	BY TH	E POLICIES
t	MPORTANT: If the certificate hold he terms and conditions of the polic ertificate holder in lieu of such endor	y, certa	in policies may require an e	e policy(ies) must t endorsement. A sta	be endorsed. Itement on th	If SUBROGATION IS W is certificate does not c	AIVED onfer r	, subject to ights to the
-	DUCER			CONTACT				
	isville / AssuredPartners NL			NAME: PHONE (A/C, No, Ext): (502) 8	394-2100	FAX	(502)	894-8602
	5 River Road iisville. KY 40206			E-MAIL		(A/C, NO):	(001)	0010002
				ADDRESS:				NAIC #
					,,	ted General Contract	ors	
INS	JRED			INSURER B :	.,			
				INSURER C :				
	Tennis Technology, Inc P.O.Box 19709			INSURER D :				
	Louisville, KY 40259			INSURER E :				
				INSURER F :				
co	VERAGES CEF	RTIFICA	TE NUMBER:			REVISION NUMBER:		1
11 C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUIRE PERTA	EMENT, TERM OR CONDITIO IN, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	ED OCUMENT WITH RESPE	ECT TO	WHICH THIS
LTR	I YPE OF INSURANCE	INSD W		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
						EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIMS-MADE OCCUR					PREMISES (Ea occurrence)	\$	
						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	
	OTHER:	+				COMBINED SINGLE LIMIT	\$	
						(Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) PROPERTY DAMAGE		
	HIRED AUTOS					(Per accident)	\$	
		+					\$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED         RETENTION \$           WORKERS COMPENSATION	+				V PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N	1	2005	04/04/2046	04/04/2017	▲ STATUTE ER		4 000 000
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	3895	01/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$	4,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE		4,000,000
	DÉSCRIPTION OF OPERATIONS below	+				E.L. DISEASE - POLICY LIMIT	\$	4,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ject: Bid 12-2016/Unit Price Parks and F			 ule, may be attached if mo	re space is requir	ed)		

**CERTIFICATE HOLDER** 

LFCUG

**Division of Central Purchasing** 

200 East Main Street

3rd Floor, Room 338 Lexington, KY 40507 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.

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AUTHORIZED REPRESENTATIVE

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ZKBSERV-01

TMILLE DATE (MM/DD/YYYY) TMILLER

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	~	~ 4	10	~ 4	~			

			Ξĸ	115		DILII		JRANU	, <b>C</b>	3/	/21/2016			
	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.													
	the	PORTANT: If the certificate holde terms and conditions of the policy rtificate holder in lieu of such endors	, ce	rtain	policies may require an er									
PRODUCER Lexington (C&S) / AssuredPartners NL 2416 Sir Barton Way, Suite 300						CONTACT NAME: PHONE (A/C, No, Ext): (859) 543-1716 FAX (A/C, No): (859) 543-1987								
Ĩ	exir	ngton, KY 40509			-	E-MAIL ADDRESS:								
							INSURER(S) AFFORDING COVERAGE NAIC INSURER A : Consolidated Insurance Co 22640							
	NSUF	ED							y Insurance Co		18333			
		ZKB Service LLC.						ty Fire Insu			29459			
		115 MacArthur Ct						ester Surpl			10172			
		Nicholasville, KY 40356			_	INSURER	E:							
						INSURER	F:							
-				-	ENUMBER:				REVISION NUMBER:					
	INE CE	IS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	N OF AN DED BY BEEN RI	NY CONTRAC THE POLICI EDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESI	PECT TO	WHICH THIS			
	ISR TR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS				
1	4	X COMMERCIAL GENERAL LIABILITY	x		CBP7043273		07/13/2015	07/13/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000			
	F	X ContractualLiability							MED EXP (Any one person)	\$	5,000			
									PERSONAL & ADV INJURY	\$	1,000,000			
		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000			
	-	POLICY X PRO-							PRODUCTS - COMP/OP AGO	-	2,000,000			
$\vdash$		OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1 000 000			
	в				BA1003482		10/16/2015	10/16/2016	(Ea accident) BODILY INJURY (Per person)		1,000,000			
		X ALL OWNED X SCHEDULED AUTOS X AUTOS			BA1003402	10/10/2013	BODILY INJURY (Per acciden							
	Ē	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$				
										\$				
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$				
	-	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$				
-		DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER	\$						
0	C	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		33WECBW6498		11/03/2015	11/03/2016	E.L. EACH ACCIDENT	\$	1,000,000				
		(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE		1,000,000			
┝		DÉSCRIPTION OF OPERATIONS below Pollution Liability			G27526962-002		11/06/2015	11/06/2016	E.L. DISEASE - POLICY LIMI	Г   \$	1,000,000			
					527520502-002		11/00/2013	11/00/2010			1,000,000			
	DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORI	D 101, Additional Remarks Schedule	le, may be	attached if mor	e space is requir	ed)					
C	ertif	icate holder is listed as additional inst	ured	with I	respects to General Liability	у								
	CER	TIFICATE HOLDER				CANC	ELLATION							
		LFUCG 200 E. Main Street				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE EREOF, NOTICE WILL Y PROVISIONS.					
	Lexington, KY 40504						AUTHORIZED REPRESENTATIVE							

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ACORD 25 (2014/01)