ACORD <sup>®</sup> CERT	<b>IFI</b>	CATE OF LIA	BILITY IN	SURA	NCE	DATE ( 4/4/20	MM/DD/YYYY)		
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 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: Susan Simoneau								
Ansay & Associates, LLC. MSN 702 N High Point Road	PHONE Ext):800-643-6133 FAX (A/C, No. Ext):800-643-6133 (A/C, No):608-831-4777				1-4777				
Suite 201	Address:sue.simoneau@ansay.com								
Madison WI 53717	INSURER(S) AFFORDING COVERAGE INSURER A :CNA Insurance Companies				NAIC #				
INSURED STRAASS-01			INSURER B :				35289		
Strand Associates, Inc	INSURER C :								
910 W. Wingra Drive Madison WI 53715	INSURER D :								
	INSURER E :								
	TIELO		INSURER F :						
		ATE NUMBER: 562125056			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.									
INSR TYPE OF INSURANCE		UBR	POLICY EFF (MM/DD/YYYY)		LIM	ITS			
A GENERAL LIABILITY	Y	5099170076	1/1/2017	1/1/2018	EACH OCCURRENCE	\$1,000,	000		
X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$900,00	00		
CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$5,000			
X Bikt.Contractua					PERSONAL & ADV INJURY	\$1,000,			
X XCU Cov. Inc.					GENERAL AGGREGATE	\$2,000,			
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000, \$	000		
	Y	5099170062	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,	000		
X ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person) BODILY INJURY (Per accident	_			
AUTOS AUTOS AUTOS					PROPERTY DAMAGE	\$			
A HIRED AUTOS A AUTOS					(Per accident)	\$			
A X UMBRELLA LIAB X OCCUR	Y	5099170059	1/1/2017	1/1/2018	EACH OCCURRENCE	\$2,000,	000		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,	000		
DED X RETENTION \$10,000					Y WC STATU- OTF	\$			
AND EMPLOYERS' LIABILITY Y / N	MPLOYERS' LIABILITY Y / N		1/1/2017	1/1/2018	TORY LIMITS ER				
OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	\$1,000,			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT				
A PROFESSIONAL &		AEH113974097	7/11/2016	7/11/2017	Each Claim	2,000,00	00		
POLLUTION LIABILITY					Aggregate Full Prior Acts	2,000,00	00		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) PROJECT: Design Services for West Hickman WWTP Scum Removal Addition									
RFP #3-2017	HICKI	Hall WWIF Scull Removal	Addition						
The Lexington Fayette Urban County Government, its elected and appointed officials, employees,									
agents, boards, consultants, assigns,	volunt	eers and successors in inte	erest are named						
as Additional Insureds on a primary an	nd nor	n-contributory basis as requ	ired by written cor	ntract.					
See Attached									
CERTIFICATE HOLDER	CANCELLATION								
Lexington Fayette Urban C 200 E. Main Street Lexington KY 40507	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								
	Tiele	Nieland G Hagen							
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AGENCY CUSTOMER ID: STRAASS-01

LOC #:



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Ansay & Associates, LLC. MSN	NAMED INSURED Strand Associates, Inc 910 W. Wingra Drive Madison WI 53715				
POLICY NUMBER					
CARRIER	NAIC CODE				
		EFFECTIVE DATE:			
ADDITIONAL REMARKS					

## THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Thirty (30) days advance written notice via certified mail, return receipt requested in the event of cancellation or non-renewal will be given to the Certificate Holder