

**WDEVERS** 

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/21/2017

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:					
Energy Insurance Agency, Inc. P O Box 55268							PHONE (A/C, No, Ext): (859) 273-1549 FAX (A/C, No): (859) 2				272-0075	
Lexington, KY 40555							E-MAIL ADDRESS: eia@energyinsagency.com					
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Motorists Mutual Insurance Co.					14621	
INSURED						INSURER B : Kentucky Associated General Contractors						
Pearce Blackburn Roofing LLC						INSURER C :						
309 Blue Sky Parkway							INSURER D:					
Lexington, KY 40509						INSURER E :						
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
		IS TO CERTIFY THAT THE POLICIE										
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH T												
	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 SUBR INSD WYD POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP						
A	Х	COMMERCIAL GENERAL LIABILITY					(	······	EACH OCCURRENCE	_	\$	1,000,000
		CLAIMS-MADE X OCCUR	X		33.301409-90		01/25/2017	01/25/2018	DAMAGE TO RENTEL PREMISES (Ea occurr	D	\$	300,000
	Х	Waiver of Subrogatio							MED EXP (Any one pe		s	10,000
									PERSONAL & ADV IN		\$	1,000,000

Α	X COMMERCIAL GENERAL LIABILITY			,		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	x	33.301409-90	01/25/2017	01/25/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
	χ Waiver of Subrogatio					MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						s	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		33.301409-90	01/25/2017	01/25/2018	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	NOTES SINE!					, , , , , , , , , , , , , , , , , , , ,	\$	
Α	X UMBRELLA LIAB X OCCUR		33.301409-90	01/25/2017	01/25/2018	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	5,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			01/01/2017	01/01/2018	X PER OTH- STATUTE ER		
			7364-0			E.L. EACH ACCIDENT	\$	4,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	4,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	4,000,000
Α	Equipment Floater		33.301409-90	01/25/2017	01/25/2018	Leased & Rented		100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Bid No. 46-2017

LFUCG is hereby added as Additional Insured.

CERTIFICATE HOLDER	CANCELLATION					
LFUCG 200 E. Main 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.					
Lexington, ICI 40007	AUTHORIZED REPRESENTATIVE					
	Colona Devers					