

CERTIFICATE OF LIABILITY INSURANCE

3/31/2017

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 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 Virginia Lowe | | | | |
| Worth Insurance Group | Inc | | PHONE (A/C, No, Ext): (859)296-1323 | FAX (A/C, No): ⁽⁸⁵⁹⁾ 296-1353 | | | |
| 444 Lewis Hargett Circ | cle | | E-MAIL ADDRESS: Virginia@worthins.com | | | | |
| Suite 125 | | | INSURER(S) AFFORDING COVERAGE | | NAIC # | | |
| Lexington | KY | 40503 | INSURER A :EMCASCO Insurance Company | | 21407 | | |
| INSURED | | | INSURER B: Employers Mutual Casualty | Co (EMC) | 21415 | | |
| OLYMPIC CONSTRUCTION I | LLC | | INSURER C: Kentucky AGC/SIF | | | | |
| 216 BROME DR | | | INSURER D: | | | | |
| | | | INSURER E : | | | | |
| NICHOLASVILLE | KY | 40356-9526 | INSURER F: | | | | |
| | | | | | | | |

COVERAGES CERTIFICATE NUMBER:17-18

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 LTR | SR TR TYPE OF INSURANCE | | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|-------------|---|-------------------------------|--------------|-------------|---------------|----------------------------|----------------------------|--|---------|--------|
| | х | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | Ψ - | 00,000 |
| A | | CLAIMS-MADE X OCCUR | x | | 5D36055 | 9/1/2016 | 9/1/2017 | PREMISES (Ea occurrence) MED EXP (Any one person) | \$ 10 | 5,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 1,00 | 00,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,00 | 00,000 |
| | х | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,00 | 00,000 |
| | | OTHER: | | | | | | | \$ | |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,00 | 00,000 |
| В | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| _ | ALL OWNED X SCHEDULED AUTOS | | x | 5E36055 | 5E36055 | 9/1/2016 | 9/1/2017 | BODILY INJURY (Per accident) | \$ | |
| | х | HIRED AUTOS X NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | PIP-Basic | \$ 1 | 10,000 |
| | х | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ 5,00 | 00,000 |
| В | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ 5,00 | 00,000 |
| | | DED RETENTION\$ | | | 5J36055 | 9/1/2016 | 9/1/2017 | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | | | E.L. EACH ACCIDENT | \$ 4,00 | 00,000 |
| C | | | | | 20473 | 1/1/2017 | 12/31/2017 | E.L. DISEASE - EA EMPLOYEE | \$ 4,00 | 00,000 |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 4,00 | 00,000 |
| | | | | | | | | | | |
| | | | | | | | | | | |
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is an Additional Insured.

Bid #39-2017 Concrete Slab Replacement

| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| (859)258-3780 LFUCG 200 E Main Street Lexington, KY 40503 | 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 |
| | Karl Wetzel/JENNY |

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