Client#: 121523 41FREECONTRA											
ACORD _™ CERT			CA	TE OF LIABI	LIT	TY INSURANCE				DATE (MM/DD/YYYY) 1/08/2018	
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).											
	DUCER				CONTAC	[™] Susan C	ook				
J Smith Lanier & Co-Lexington						PHONE (A/C, No, Ext): 800-796-3567 FAX (A/C, No): 859-254-8020					
Marsh & McLennan Agency, LLC P O Box 2030						E-MAIL ADDRESS: scook@pwm-jsl.com					
Lexington, KY 40588						INSURER(S) AFFORDING COVERAGE NAIC #					
INSURED						INSURER A : Westfield Insurance Company INSURER B : Kentucky Employers Mutual Insur					
Free Contracting, Inc.						INSURER C : Illinois Union Insurance Compan					
Rhonda Fister, President											
1620 Old Frankfort Pike					INSURER E :						
	Lexington, KY 40504				INSURER F :						
			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 ADDLISUBR INSR POLICY NUMBER POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS											
	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSR	WVD	POLICY NUMBER				LIMI	1		
Α				TRA3357957	C	01/01/2018	01/01/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00 \$500		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)			
								PERSONAL & ADV INJURY			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,00	•	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER:								\$		
Α				TRA3357957		01/01/2018	01/01/2019		_{\$} 1,00	0,000	
	X ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident	\$) \$		
	AUTOS AUTOS X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE) \$ \$		
	A HIRED AUTOS A AUTOS							(Per accident)	\$		
Α	X UMBRELLA LIAB X OCCUR			TRA3357957		01/01/2018	01/01/2019	EACH OCCURRENCE	\$5,00	0,000	
	EXCESS LIAB CLAIMS-M/	DE						AGGREGATE	\$5,00	0,000	
	DED X RETENTION \$0								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/ N		407746	12/05/2017	12/05/2018	X PER OTH ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$1,00		
	(Mandatory in NH) If yes, describe under						-	E.L. DISEASE - EA EMPLOYE		,	
С	DÉSCRIPTION OF OPERATIONS below	CPYG28118156			01/01/2018 01/01/2019			E.L. DISEASE - POLICY LIMIT	\$1,000	0,000	
Ū	Liability						0 1/0 1/2010	\$5,000 Deductible			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Shandon Trunks, Winburn, Thoroughbred Acres Trunk Sewers Lexington Fayette Urban County Government (LFUCG) is included as additional insured when required by written contract with respects to the Automobile Liability and General Liability policies described above and subject to the provisions and limitations of the policy. The general liability policy is written on a primary and non-contributory basis when required by written (See Attached Descriptions)											
CEF	RTIFICATE HOLDER				CANC	ELLATION					
LFUCG 200 E Main St 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.					
A ALTER CORPORATION AND INCOME											
	© 1988-2014 ACORD CORPORATION. All rights reserved.										

DESCRIPTIONS (Continued from Page 1)

contract,subject to the provisions and limitations of the policy. There is no XCU exclusion in the General Liability coverage.

30 day Notice of Cancellation with respect to general liability applies per form IL 70 35 (09/12).