ADAMCO-C02

AHODSON



DATE (MM/DD/YYYY) 11/01/2018

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 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).

tł	is c	ertificate does not confer rights t	o the	cert	ificate holder in lieu of su		. ,						
PRODUCER							CONTACT NAME:						
Van Meter Insurance Group Houchens Insurance Group						PHONE (A/C, No, Ext): (859) 263-2771 FAX (A/C, No): (859)					263-1999		
505	Wel	lington Wav			E-MAIL ADDRESS:								
Lexington, KY 40503							INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A: United Fire & Casualty Company						13021	
INSURED							INSURER B : Kentucky Associated General Contractors Self Insurance Fund						
Adams Contracting, LLC						INSURE	INSURER C: Columbia Casualty Company					31127	
		131 Prosperous Place, Suite	e 19A				INSURER D:						
		Lexington, KY 40509				INSURER E :							
						INSURER F:							
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:						
		IS TO CERTIFY THAT THE POLICII				HAVE B	FEN ISSUED				HF P(OLICY PERIOD	
IN C	IDIC/ ERTI	ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS	
INSR LTR	SR			SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)					
A	X COMMERCIAL GENERAL LIABILITY			WVD			(WIW/DD/TTTT)	(WIW/DD/TTTT)			\$	1,000,000	
		CLAIMS-MADE X OCCUR			60489296		04/01/2018	04/01/2019	DAMAGE TO RENT	ED	•	100,000	
			X		00403230		04/01/2010	0-7/01/2010	PREMISES (Ea occurrence) \$		\$	5,000	
									MED EXP (Any one	•		1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY LOC								PERSONAL & ADV INJURY \$			2,000,000	
									GENERAL AGGREG		\$	2,000,000	
									PRODUCTS - COM	P/OP AGG	\$	_,000,000	
Α	OTHER: AUTOMOBILE LIABILITY								COMBINED SINGLE	LIMIT	\$	1,000,000	
^							04/01/2018	04/01/2019	(Ea accident)		\$	1,000,000	
	X ANY AUTO OWNED SCHEDULED AUTOS ONLY HIRED NON-OWNED				60489296				BODILY INJURY (P	er person)	\$		
											\$		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	J.	\$		
A				-							\$	E 000 000	
	X	-			60490206		04/04/2048	04/04/2040	EACH OCCURRENCE \$		\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE			٥	60489296		04/01/2018	04/01/2019	AGGREGATE \$		\$	5,000,000	
									DED.	ОТИ	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								X PER STATUTE	OTH- ER		4	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		20634		01/01/2018	01/01/2019	E.L. EACH ACCIDE	NT	\$	4,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA	EMPLOYEE	\$	4,000,000	
									E.L. DISEASE - POI	LICY LIMIT	\$	4,000,000	
С	-	lution			6020591050		12/10/2017	12/10/2018				1,000,000	
Α	Lea	sed/Rented Equip			60489296		04/01/2018	04/01/2019				500,000	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE	101, Additional Remarks Schedu	ule, may b	e attached if mor	re space is requir	red)				
Proj	ect:	Wilson Downing Bridge Over West	HICK	man	Creek								
The	certi	ficate holder isd listed as additiona	al ins	ured	when required by written o	contrac	t with respec	ts to the gene	eral liability.				
					•		-	-	-				
CE	RTIF	FICATE HOLDER				CANO	CELLATION						

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

Lexington-Fayette Urban County Government 200 East Main Street
Lexington, KY 40507

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.