ATOMLINSON

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/27/2018

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).

PRODUCER	CONTACT NAME:			
Carroll & Stone Insurance 4384 Clearwater Way, Ste. 200	PHONE (A/C, No, Ext): (859) 269-1044 FAX (A/C, No): (8			
Lexington, KY 40515	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A : EMC Insurance Companies		21415	
INSURED	INSURER B: Kentucky AGC			
Blue Sky Electric Company 1750 Alexandria Dr	INSURER C:			
Ste 4	INSURER D:			
Lexington, KY 40544	INSURER E:			
	INSURER F :			

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.

NSR LTR		TYPE OF INSURANCE	ADDL S	BUBR POLICY NUMBER	POLICY EFF	POLICY EXP		LIMIT	s	
A	X	COMMERCIAL GENERAL LIABILITY			tunia arriviti	01/25/2019	EACH OCCURRENCE	DE .	s	1,000,000
		CLAIMS-MADE X OCCUR	х		01/25/2018		DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	s	300,000
							MED EXP (Any one		s	10,000
							PERSONAL & ADV	NJURY	\$	1,000,000
	GEN	L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREC	SATE	\$	2,000,000
	X	POLICY X JECT LOC OTHER: Contractual Liab					PRODUCTS - COMP	P/OP AGG	\$	2,000,000
•	OMOBILE LIABILITY					COMBINED SINGLE (Ea accident)	LIMIT	s s	1,000,000	
	X		х	5A80523	01/25/2018	01/25/2019	BODILY INJURY (Pe	r person)	\$	
		OWNED SCHEDULED AUTOS					BODILY INJURY (Pe		\$	
	_	AUTOS ONLY					PROPERTY DAMAG (Per accident)	E	\$	
_									\$	
A	Х	UMBRELLA LIAB X OCCUR		5A80523		01/25/2019	EACH OCCURRENC	E	\$	4,000,000
		EXCESS LIAB CLAIMS-MADE			01/25/2018		AGGREGATE		\$	4,000,000
_		DED X RETENTION\$ 0					1 4 4 4		\$	
ANY PRO OFFICER (Mandato	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY Y/N		022917	04/05/0040	01/25/2019	X PER STATUTE	OTH- ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		01/25/2018		E.L. EACH ACCIDEN	FT	\$	4,000,000
	datory in NH) describe under					E L. DISEASE - EA E	MPLOYEE	\$	4,000,000	
	DÉSC	RIPTION OF OPERATIONS below					E.L. DISEASE - POL	CY LIMIT	\$	4,000,000
Α	LEA	SED/RENTED EQUIP	l iii	5A80523	01/25/2018	01/25/2019	DED. 1,000			100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: Black and Williams Three Phase Power Upgrade

LFUCG is listed as additional insured in regards to General Liability and Auto Liability. Primary and non-contributory ongoing and completed operations with respect to the General Liability. 30 Days notice of cancellation.

CERTIFICATE HOLDER	CANCELLATION
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.
ž	AUTHORIZED REPRESENTATIVE

POLICY NUMBER: 5A80523

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS- SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

on(s) of Covered Operations
cations
34.15113
rations.

- A. Section II- Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for 'bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions of those acting on your behalf;
 - 2. The acts or omissions of those acting on your behalf;
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply: This insurance does not apply to 'bodily injury' or "property damage" occurring after:
 - 1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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COMMERCIAL GENERAL LIABILITY CG 20 37 07 04

POLICY NUMBER: 5A80523

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s)		
Or Organization(s):	Location And Description of Completed Operations	
LFUCG	All Locations	
Information and the late of th		
Information required to complete this Schedule, if not sho	own above, will be shown in the Declarations.	

A. Section II- Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for 'bodily injury", "property damage" injury" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

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