

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/13/2018

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).

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PRODUCER Ansay & Associates, LLC. MSN 702 N High Point Road Suite 201 Madison WI 53717	N	CONTACT NAME: Susan Simoneau PHONE (A/C, No, Ext): 800-643-6133	FAX (A/C, No): 608-83	1-4777		
		E-MAIL ADDRESS: sue.simoneau@ansay.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: CNA Insurance Companies		35289		
Strand Associates, Inc 910 W. Wingra Drive Madison WI 53715	STRAASS-01	INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERACES	CERTIFICATE MUMBER, 4504577504	DEVICION NUM	ADED.			

COVERAGES CERTIFICATE NUMBER: 1521577564 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.

TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	Y		5099170076	1/1/2018	1/1/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 900,000
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
XCU Cov. Inc.						GENERAL AGGREGATE	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
POLICY X PRO-							\$
AUTOMOBILE LIABILITY	Υ		5099170062	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
X ANY AUTO						BODILY INJURY (Per person)	\$
AUTOS AUTOS						BODILY INJURY (Per accident)	\$
X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							\$
X UMBRELLA LIAB X OCCUR	Y		5099170059	1/1/2018	1/1/2019	EACH OCCURRENCE	\$ 2,000,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000
DED X RETENTION \$ 10,000							\$
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			WC595126844	1/1/2018	1/1/2019	X WC STATU- TORY LIMITS OTH- ER	
						E.L. EACH ACCIDENT	\$ 1,000,000
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Professional Liability Full Prior Acts			AEH113974097	7/11/2018	7/11/2019	Each Claim Aggregate Full Prior Acts	2,000,000 2,000,000
	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU Cov. Inc.  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PROPOLICY X JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  X UMBRELLA LIAB X OCCUR  EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below  Professional Liability	TYPE OF INSURANCE  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU Cov. Inc.  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- POLICY X PRO- AUTOMOBILE LIABILITY  Y ANY AUTO  ALL OWNED AUTOS  X HIRED AUTOS X AUTOS  X HIRED AUTOS X AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Professional Liability  Professional Liability	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU Cov. Inc.  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROJECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  X HIRED AUTOS X AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Professional Liability	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU Cov. Inc.  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- POLICY X PRO- POLICY X JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X HIRED AUTOS X CLAIMS-MADE  DED X RETENTION \$ 10,000  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Professional Liability  AEH113974097	TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY)  GENERAL LIABILITY Y 5099170076 1/1/2018  X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR  X XCU Cov. Inc.  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC  AUTOMOBILE LIABILITY Y 5099170062 1/1/2018  X ANY AUTO ALL OWNED AUTOS X NON-OWNED AUTOS X NON-OWNE	TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYYYYYY)  GENERAL LIABILITY Y 5099170076 1/1/2018 1/1/2019  X COMMERCIAL GENERAL LIABILITY Y 5099170076 1/1/2018 1/1/2019  X XCU Cov. Inc.  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC  AUTOMOBILE LIABILITY Y 5099170062 1/1/2018 1/1/2019  X ANY AUTO ALL OWNED AUTOS AUTOS Y 5099170062 1/1/2018 1/1/2019  X HIRED AUTOS X NON-OWNED AUTOS Y 5099170059 1/1/2018 1/1/2019  EXCESS LIAB CLAIMS-MADE CLAIMS-MADE DED X RETENTION \$ 10,000 WCRERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTINE/REXECUTIVE OFFICE/RIMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Professional Liability AEH113974097 7/11/2018 7/11/2019	TYPE OF INSURANCE  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X XCU Cov. Inc.  GEN'L AGGREGATE LIMIT APPLIES PER:  PODICY X PRO- POLICY X PRO- POLICY X PRO- AUTOMOBILE LIABILITY  Y 5099170062  1/1/2018  1/1/2018  1/1/2019  EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)  MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG  COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)  X HIRED AUTOS  X UMBRELLA LIAB X OCCUR EXCESS LIAB  CLAIMS-MADE  DED X RETENTION \$ 10,000  WCS95126844  1/1/2018  1/1/2018  1/1/2019  EACH OCCURRENCE AGGREGATE  EACH OCCURRENCE AGGREGATE  EACH OCCURRENCE AGGREGATE  V S099170059  1/1/2018  1/1/2018  1/1/2019  X WC STATU- TORY LIMITS ER E.L. EACH ACCIDENT (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  Professional Liability  AEH113974097  7/11/2018  7/11/2019  EACH OCCURRENCE EACH OCCURRENCE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROJECT: Liberty Road Sidewalk RFP#31-2019

Job #: 2815.77

The Lexington Fayette Urban County Government, its elected and appointed officials, employees, agents, boards, consultants, assigns, volunteers and successors in interest are named as Additional Insureds as required by written contract.

SERTIFICATE HOLDER	CANCELLATION			
Lexington-Fayette Urban County Government	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
200 East Main Street Lexington KY 40507	AUTHORIZED REPRESENTATIVE  Hayen			