**WDJHOLDI** 

### ACORD...

# CERTIFICATE OF LIABILITY INSURANCE

Client#: 1423137

DATE (MM/DD/YYYY) 1/09/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

, ,	` '					
PRODUCER	CONTACT Beth Malone					
USI Insurance Services LLC	PHONE (A/C, No, Ext): 513-852-6404	FAX (A/C, No): 610-537-4375				
312 Elm Street, 24th Floor	E-MAIL ADDRESS: beth.malone@usi.com					
Cincinnati, OH 45202	INSURER(S) AFFORDING COVERAG	SE NAIC#				
513 852-6300	INSURER A: National Fire Insurance Co. of Hartford	20478				
INSURED	INSURER B : Continental Insurance Company	35289				
WRC1, LLC	INSURER C : Liberty Insurance Underwriters, Inc.	19917				
649 Bizzell Drive	INSURER D : American Casualty Company of Reading PA	20427				
Lexington, KY 40510	INSURER E : Valley Forge Insurance Company	20508				
	INSURER F: Continental Casualty Company	20443				

**COVERAGES CERTIFICATE NUMBER: 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		TYPE OF INSURANCE	ADD	L SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Х	CLAIMS-MADE X OCCUR			6045798834	09/30/2018	09/30/2019	EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
								MED EXP (Any one person)	\$15,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:						Stop Gap	\$1,000,000
E	AUT	OMOBILE LIABILITY			6045783072	09/30/2018	09/30/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNER AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	X	UMBRELLA LIAB X OCCUR			CUE5094596468	09/30/2018	09/30/2019	EACH OCCURRENCE	\$5,000,000
	X	EXCESS LIAB CLAIMS-	MADE					AGGREGATE	\$5,000,000
С		DED X RETENTION \$10,000			100005919306			Excess Liab.	\$20,000,000
D		RKERS COMPENSATION  EMPLOYERS' LIABILITY			6045798848	09/30/2018	09/30/2019	X PER STATUTE OTH-	
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	Y/N N N/A		xcluding: AK, ND,			E.L. EACH ACCIDENT	\$1,000,000
	(Mai	ndatory in NH)	IN IN	`	OH, WA & WY			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
F	F Rented Equipment				C2097397653	09/30/2018	09/30/2019	\$1,700,000 Limit	

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

A Blanket Waiver of Subrogation is included on the Workers Compensation policy where required by written contract, except in the excluded States above and KY, MO, NH & NJ.

Stop Gap coverage includes the States of OH, ND, WA & WY.

The General Liability, Automobile Liability, Umbrella/Excess Liability and Workers' Compensation policies indicated above have been endorsed to provide thirty (30) days cancellation notice to the Certificate (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION			
Lexington-Fayette Urban County Government 200 East Main Street, Third Floor 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.			
•	AUTHORIZED REPRESENTATIVE			
1	Idonas a Oldson			

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CERTIFICATE USU DER

DESCRIPTIONS (Continued from Page 1)
Holder - except for non-payment cancellation or when cancellation is requested by the named insured.
RE: Project: WGPL Storm Sewer Project, Bid No. 155-2018; Lexington, Kentucky.  The General Liability and Automobile Liability policies include automatic Additional Insured endorsements that provide Additional Insured status (ongoing & completed operations) to the Certificate Holder, only when the Named Insured has a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured. Additional insured provision per forms CNA75079XX 1016 (GL) and CA2048 1013 (Auto) attached. The General Liability coverage applies on a primary and noncontributory basis when required by written contract with the named insured subject to policy terms and conditions. The General Liability policy includes Explosion, Collapse, Underground (XCU) coverage subject to policy terms and conditions.





## Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed **Operations Coverage Endorsement**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed as follows:

- WHO IS AN INSURED is amended to include as an Insured any person or organization whom you are required by written contract to add as an additional insured on this coverage part, but only with respect to liability for bodily injury, property damage or personal and advertising injury caused in whole or in part by your acts or omissions, or the acts or omissions of those acting on your behalf:
  - A. in the performance of your ongoing operations subject to such written contract; or
  - B. in the performance of your work subject to such written contract, but only with respect to bodily injury or property damage included in the products-completed operations hazard, and only if:
    - 1. the written contract requires you to provide the additional insured such coverage; and
    - 2. this coverage part provides such coverage.
- **II.** But if the written contract requires:
  - A. additional insured coverage under the 11-85 edition, 10-93 edition, or 10-01 edition of CG2010, or under the 10-01 edition of CG2037; or
  - B. additional insured coverage with "arising out of" language; or
  - **C.** additional insured coverage to the greatest extent permissible by law;

then paragraph I. above is deleted in its entirety and replaced by the following:

WHO IS AN INSURED is amended to include as an Insured any person or organization whom you are required by written contract to add as an additional insured on this coverage part, but only with respect to liability for bodily injury, property damage or personal and advertising injury arising out of your work that is subject to such written contract.

- III. Subject always to the terms and conditions of this policy, including the limits of insurance, the Insurer will not provide such additional insured with:
  - A. coverage broader than required by the written contract; or
  - B. a higher limit of insurance than required by the written contract.
- IV. The insurance granted by this endorsement to the additional insured does not apply to **bodily injury**, **property** damage, or personal and advertising injury arising out of:
  - A. the rendering of, or the failure to render, any professional architectural, engineering, or surveying services, including:
    - 1. the preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
    - supervisory, inspection, architectural or engineering activities; or
  - B. any premises or work for which the additional insured is specifically listed as an additional insured on another endorsement attached to this coverage part.
- V. Under COMMERCIAL GENERAL LIABILITY CONDITIONS, the Condition entitled Other Insurance is amended to add the following, which supersedes any provision to the contrary in this Condition or elsewhere in this coverage part:

CNA75079XX (10-16)

Page 1 of 2 Nat'l Fire Ins Co of Hartford Insured Name: WDJ HOLDINGS, LLC

Policy No: 6045798834 **Endorsement No:** Effective Date: 09/30/2018

30020003460457988348880



#### CNA PARAMOUNT

# Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement

#### **Primary and Noncontributory Insurance**

With respect to other insurance available to the additional insured under which the additional insured is a named insured, this insurance is primary to and will not seek contribution from such other insurance, provided that a **written contract** requires the insurance provided by this policy to be:

- 1. primary and non-contributing with other insurance available to the additional insured; or
- 2. primary and to not seek contribution from any other insurance available to the additional insured.

But except as specified above, this insurance will be excess of all other insurance available to the additional insured.

VI. Solely with respect to the insurance granted by this endorsement, the section entitled **COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

The Condition entitled **Duties In The Event of Occurrence**, **Offense**, **Claim or Suit** is amended with the addition of the following:

Any additional insured pursuant to this endorsement will as soon as practicable:

- 1. give the Insurer written notice of any claim, or any occurrence or offense which may result in a claim;
- 2. send the Insurer copies of all legal papers received, and otherwise cooperate with the Insurer in the investigation, defense, or settlement of the **claim**; and
- 3. make available any other insurance, and tender the defense and indemnity of any claim to any other insurer or self-insurer, whose policy or program applies to a loss that the Insurer covers under this coverage part. However, if the written contract requires this insurance to be primary and non-contributory, this paragraph 3. does not apply to insurance on which the additional insured is a named insured.

The Insurer has no duty to defend or indemnify an additional insured under this endorsement until the Insurer receives written notice of a **claim** from the additional insured.

VII. Solely with respect to the insurance granted by this endorsement, the section entitled **DEFINITIONS** is amended to add the following definition:

**Written contract** means a written contract or written agreement that requires you to make a person or organization an additional insured on this **coverage part**, provided the contract or agreement:

- A. is currently in effect or becomes effective during the term of this policy; and
- B. was executed prior to:
  - 1. the bodily injury or property damage; or
  - 2. the offense that caused the personal and advertising injury;

for which the additional insured seeks coverage.

Any coverage granted by this endorsement shall apply solely to the extent permissible by law.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA75079XX (10-16)

Policy No: 6045798834

Page 2 of 2

Endorsement No: 9
Effective Date: 09/30/2018

Nat'l Fire Ins Co of Hartford Insured Name: WDJ HOLDINGS, LLC





#### DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM

BUSINESS AUTO COVERAGE FORM

MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: WDJ HOLDINGS, LLC

Endorsement Effective Date: 09/30/2018

#### **SCHEDULE**

#### Name Of Person(s) Or Organization(s):

Any person or organization for whom you have agreed in a written contract or written agreement to add as an additional insured on this coverage part, provided the written contract or written agreement was executed prior to

the "bodily injury" or "property damage" for which the additional insured seeks coverage under this coverage part

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I - Covered Autos Coverages of the Auto Dealers Coverage Form.

Form No: CA 20 48 10 13 Endorsement Effective Date:

Endorsement No: 5; Page: 1 of 1

Endorsement Expiration Date:

Policy No: BUA 6045783072 Policy Effective Date: 09/30/2018

Policy Page: 40 of 84

Client#: 1423137 **WDJHOLDI** 

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/09/2019

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).								
, 0				CONTACT Beth Malone					
	USI Insurance Services LLC					PHONE (A/C, No, Ext): 513 852-6404 FAX (A/C, No): 610-5			0-537-4375
312 Elm Street, 24th Floor Cincinnati, OH 45202		E-MAIL ADDRESS: beth.malone@usi.com							
		INSURER(S) AFFORDING COVERAGE				NAIC #			
513 852-6300			INSURER A : Columbia Casualty Company			31127			
INSURED			INSURER B:						
WRC1, LLC 649 Bizzell Drive Lexington, KY 40510				INSURER C:					
				INSURE					
				INSURER E:					
					INSURE	RF:			
CO	/ERAGES CEI	RTIFIC	ATE	NUMBER:				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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY			· · · · · · · · · · · · · · · · · · ·				EACH OCCURRENCE \$	

LTR	TYPE OF INSURANCE	NSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Contractor's			C5091255799	09/30/2018	09/30/2019	\$5,000,000 Limit	
	Pollution Liab.							
	<u> </u>					•		

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

RE: Project: WGPL Storm Sewer Project, Bid No. 155-2018; Lexington, Kentucky.

The Pollution Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only when the Named Insured has a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured.

CERTIFICATE HOLDER	CANCELLATION
Lexington-Fayette Urban County Government 200 East Main Street, Third Floor 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.
	AUTHORIZED REPRESENTATIVE
	adomos a children
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