Client#: 118984 41HERRICKCOM

$ACORD_{in}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/15/2019

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).

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PRODUCER	CONTACT Karen Marshall				
J Smith Lanier & Co Lexington	PHONE (A/C, No, Ext): 859-244-7687 FAX (A/C, No): 859				
PO Box 2030	E-MAIL ADDRESS: kmarshall@jsmithlanier.com				
360 East Vine Street, Ste 200	INSURER(S) AFFORDING COVERAGE				
Lexington, KY 40588	INSURER A: Selective Insurance Company	12572			
INSURED	INSURER B : KY Assoc. General Contractors				
Herrick Company, Inc.	INSURER C : Tokio Marine Spec In	23850			
2176 Waddy Road	INSURER D:				
Lawrenceburg, KY 40342-9440	INSURER E:				
	INSURER F:				

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 AND CONDITIONS OF SOCIAL POLICIES. LIMITS SHOWN WAT HAVE BEEN REDUCED BY FAID CLAIMS. TYPE OF INSURANCE AND LIMITS POLICY NUMBER (MMCDDYSYV) (MMCDDYSYV) LIMITS				<u> </u>			
				INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	Х	COMMERCIAL GENERA			S2405322	10/11/2019	10/11/2020		\$1,000,000
		CLAIMS-MADE	X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
	X	PD Ded:500						MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGRE <u>GATE</u> LIMIT AF	PPLIES PER:					GENERAL AGGREGATE	\$2,000,000
		POLICY PRO- JECT	LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			S2405322	10/11/2019	10/11/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	Χ	ANY AUTO						BODILY INJURY (Per person)	\$
			SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X	HIRED 🔻	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	X	Drive Oth Car						·	\$
Α	X	UMBRELLA LIAB	OCCUR		S2405322	10/11/2019	10/11/2020	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$10,000,000
		DED X RETENTION	N \$ 0						\$
В		KERS COMPENSATION EMPLOYERS' LIABILITY	,		007033	01/01/2019	01/01/2020	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A				E.L. EACH ACCIDENT	\$4,000,000	
			N/A				E.L. DISEASE - EA EMPLOYEE	\$4,000,000	
	If yes	s, describe under CRIPTION OF OPERATIO	NS below					E.L. DISEASE - POLICY LIMIT	\$4,000,000
Α	Bui	lders Risk			S2405322	10/11/2019	10/11/2020	10/11/2020 3,000,000 / \$2,500 ded	
С	Pol	lution Li			PPK1875121	09/05/2018	09/05/2020	0 2000000/6000000 5000ded	
Α	Rei	nted/Leased Eq			S2405322	10/11/2019	10/11/2020	30,000 / \$500 ded	

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

Project: Town Branch Secondary Digester Improvements Bid No. 113-2019 Bid Amount: \$1,499,350

Certificate holder is included as additional insured when required by written contract but only with respects to the auto liability and general liability insurance and subject to the provisions and limitations of the policy. 30 day Notice of Cancellation with respect to (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION		
Lexington Fayette Urban County Government Attn Brian Marcum	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	AUTHORIZED REPRESENTATIVE		
Lexington, KY 40507			

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DESCRIPTIONS (Continued from Page 1)				
General Liability, Auto Liability and Umbrella Liability applies per form CG 28 04 10 93. Insured's coverage is primary				