41ALLENCOMPA

CERTIFICATE OF LIABILITY INSURANCE

Client#: 119007

DATE (MM/DD/YYYY) 1/23/2020

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 Andrea Lingenfelter				
J Smith Lanier & Co-Lexington	PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No): 859 2	54-8020			
Marsh & McLennan Agency, LLC	E-MAIL ADDRESS: alingenfelter@jsmithlanier.com				
P O Box 2030	INSURER(S) AFFORDING COVERAGE	NAIC #			
Lexington, KY 40588	INSURER A : Phoenix Insurance Company	25623			
INSURED	INSURER B : Travelers Property Casualty Co.	25674			
The Allen Company, Inc.	INSURER C : Kentucky Employers Mutual Insurance				
3009 Atkinson Ave Suite 300	INSURER D : Federal Insurance	20281			
Lexington, KY 40509	INSURER E: Travelers Property Casualty Ins. Co.	36161			
	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.

INSF	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF	POLICY EXP	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	INSR WVD	DTCO962J2453		(MM/DD/YYYY) 03/01/2020		\$1,000,000
^	CLAIMS-MADE X OCCUR		D10030232433	03/01/2019	03/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	X PD Ded:\$5,000					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						\$
Е	AUTOMOBILE LIABILITY		8108L67616A	03/01/2019	03/01/2020	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-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		CUP0J2130021726	03/01/2019	03/01/2020	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED X RETENTION \$10,000						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		353980	03/01/2019	03/01/2020	X PER OTH- STATUTE ER	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Blanket Equipment	nt 06617533 03/01/2019 03/01/2020 \$25,000,000 - Limit					
	Leased/Rented					\$2,500,000 Limit	
						\$50,000 - Deductible)

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

Project: Beaumont YMCA Trail

LFUCG and the City of Lexington Kentucky, are included as Additional Insured when required by written contract but only with respects to the auto liability and the general liability insurance and subject to the provisions and limitations of the policy.

(See Attached Descriptions)

CERTIFICATE HOLDER

OZIKTII IOKKIZ HOZDZIK	0,410222,11011				
Lexington Fayette Urban County Government 200 East Main St.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE				
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CANCELL ATION

DESCRIPTIONS (Continued from Page 1)				
General Liability Coverage is written on a primary and non contributory basis when required by writte contract, subject to the provisions and limitations of the policy.	en			