

CERTIFICATE OF LIABILITY INSURANCE

MCHENAULT

DATE (MM/DD/YYYY)

OLYMCO-C03

						1/	28/2020		
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	IVELY O SURANC	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR	ALTER THE C	OVERAGE AFFO	RDED BY TH	E POLICIES		
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to the	e terms and conditions of	the policy, certa	ain policies mag					
PRODUCER		incate noticer in neu or se	CONTACT NAME:	(3).					
Van Meter Insurance Group									
Van Meter Insurance Group Houchens Insurance Group 505 Wellington Way Lexington, KY 40503			PHONE (A/C, No, Ext): FAX (859) FAX (859) FAX (A/C, No): FAX (859) FAX (85)						
			ADDRESS: POIIC	/@nigusa.cor	n				
		INSURER(S) AFFO	RDING COVERAGE		NAIC #				
		INSURER A : Motorists Mutual Insurance Company 1462							
INSURED	INSURER B : Kentucky Associated General Contractors Self Insurance Fund								
Olympic Construction LLC			INSURER C :						
120 MacArthur Ct			INSURER D :						
Nicholasville, KY 40356			INSURER E :						
		INSURER F :							
COVERAGES CER	TIFICAT	E NUMBER:	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICI		-	HAVE BEEN ISSU	ED TO THE INSU					
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUIREN PERTAIN	IENT, TERM OR CONDITION	N OF ANY CONT DED BY THE PC	RACT OR OTHE	R DOCUMENT WITH BED HEREIN IS SUB	HRESPECT TO	WHICH THIS		
INSR TYPE OF WOUR WOR	ADDL SUB	R	POLICY E	FF POLICY EXP					
LTR TYPE OF INSURANCE	INSD WV	POLICY NUMBER	(MM/DD/YY	YY) (MM/DD/YYYY)		LIMITS	1,000,000		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x	5000064096	9/1/201	9 9/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurr	D	100,000		
					MED EXP (Any one pe	erson) \$	5,000		
					PERSONAL & ADV IN	IJURY \$	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGA	ATE \$	2,000,000		
POLICY X PRO- JECT LOC					PRODUCTS - COMP/0		2,000,000		
OTHER:						\$			
					COMBINED SINGLE L				
					(Ea accident)				
ANY AUTO OWNED AUTOS ONLY AUTOS					BODILY INJURY (Per				
					BODILY INJURY (Per PROPERTY DAMAGE	-			
HIRED AUTOS ONLY AUTOS ONLY					(Per accident)	\$			
						\$	5,000,000		
A X UMBRELLA LIAB X OCCUR		5000064433	9/1/201	9 9/1/2020	EACH OCCURRENCE	\$	5,000,000		
EXCESS LIAB CLAIMS-MADE		5000064455	9/1/201	9 9/1/2020	AGGREGATE	\$	5,000,000		
DED RETENTION \$						\$ OTH-			
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		oo (T o			X PER STATUTE	ER	4 000 000		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	20473	1/1/202	0 1/1/2021	E.L. EACH ACCIDENT	г \$	4,000,000		
					E.L. DISEASE - EA EN	MPLOYEE \$	4,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLIC	CY LIMIT \$	4,000,000		
A Leased/Rented Equip		5000064096	9/1/201	9 9/1/2020			100,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Project: Fire Station #9, 2234 Richmond Ro Certificate holder is additional insured by v	oad, Lexin	ngton KY 40502		more space is requ	ired)				
CERTIFICATE HOLDER			CANCELLATI	אר					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR									
			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	ACCORDANCE WITH THE POLICY PROVISIONS.								
LFUCG	AUTHORIZED REPRESENTATIVE								
200 E Main Street			Mul & hund						
Lexington, KY 40503	/ Vhul / /hun/								
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IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	. certair	I Dollcles may require an el	policy(ie: ndorseme	s) must be ent. A stat	e endorsed. ement on th	If SUBROGATION IS W is certificate does not co	AIVED, onfer ri	subject to ghts to the		
PRODUCER			CONTACT	OLGA M	ARCHUK	····· · · · · · · · · · · · · · · · ·				
MARCHUK & MILLS INSURANCE AGEN	PHONE (A/C, No, Ext): (859) 276-1964 E-MAIL E-MAIL									
261 REGENCY CIRCLE, SUITE 4				E-MAIL ADDRESS: OLGA.MARCHUK@ALLSTATE.COM						
LEXINGTON, KY 40503	INSURER(S) AFFORDING COVERAGE NAIO									
INSURED	INSURER	19232								
	INSURER B :									
OLYMPIC CONSTRUCTION LLC.				INSURER C :						
			INSURER D :							
NICHOLASVILLE, KY 40356	,		INSURER E :							
COVERAGES CER	TIEICA	TE NUMBER:	INSURER F :							
THIS IS TO CERTIFY THAT THE POLICIES						REVISION NUMBER:				
INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN	N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	DED BY TH	E POLICIE	or other e S describei Paid claims	DOCUMENT WITH RESPEC				
LTR TYPE OF INSURANCE	ADDL SU INSR W	D POLICY NUMBER	F (N	POLICY EFF (IM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
						EACH OCCURRENCE	\$			
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
			1.102			MED EXP (Any one person)	\$			
			1.00			PERSONAL & ADV INJURY	\$			
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$			
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$			
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$			
ANY AUTO						(Ea accident)	\$	1,000,000		
A ALL OWNED SCHEDULED	x	648835776	1	1/27/2019	11/27/2020	BODILY INJURY (Per person)	\$			
AUTOS AUTOS NON-OWNED AUTOS				1/2//2019	11/2//2020	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
						(Per accident)	\$ \$			
UMBRELLA LIAB OCCUR										
EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	\$			
DED RETENTION \$	1		-			AGGREGATE	\$ \$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS ER	\$			
ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		1.1			E.L. DISEASE - EA EMPLOYEE				
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT				
							Ψ			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attac	h ACORD 101. Additional Remarks	Schedule 16	more entres is	roquirod					
PROJECT: FIRE STATION #9 2234 RICHMOND RD LEXINGTON, KY 40502				nore space is	requireu					
CERTIFICATE HOLDER			CANCE	LLATION						
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.									
				AUTHORIZED REPRESENTATIVE						
상품 방송을 관계 모습을 걸 수 없다.	alga marchal									
ACORD 25 (2010/05)			IT	0.40	00.0040.4.0	ORD CORPORATION.				

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