

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/2020

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 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	CONTACT NAME:				
The Indemnitors Committee	PHONE (A/C, No, Ext): 502-244-1343 FAX (A/C, No): 502-2	o): 502-244-1411			
The Underwriters Group, Inc. 1700 Eastpoint Parkway	E-MAIL ADDRESS:				
P.O. Box 23790	INSURER(S) AFFORDING COVERAGE	NAIC #			
Louisville, KY 40223	INSURER A: Crum & Forster Specialty Insurance	44520			
INSURED	INSURER B: Cincinnati Insurance Company	10677			
National Environmental Contracting, Inc.	INSURER C: Kentucky Employers' Mutual Insurance	10320			
2660 Technology Drive Louisville, KY 40299	INSURER D: Zurich American Insurance Company 16535				
LOUISVIIIE, KI 40299	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.

TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR Ded/SIF \$10k GL Poll & E&O Each Act EN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: EBL \$1M/\$5k Ded		X X	POLICY NUMBER EPK127251	POLICY EFF (MM/DD/YYYY) 07/01/2019	POLICY EXP (MM/DD/YYYY) 07/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$5,000,000 \$100,000
CLAIMS-MADE X OCCUR Ded/SIF \$10k GL Poll & E&O Each Act EN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X JECT LOC	х	х	EPK127251	07/01/2019	07/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
M Ded/SIF \$10k GL M Poll & E&O Each Act EN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- POLICY X DECT LOC							· · · ·
EN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO: DOLICY X JECT LOC						MED EXP (Any one person)	\$5,000
POLICY X PRO- JECT LOC						PERSONAL & ADV INJURY	\$5,000,000
						GENERAL AGGREGATE	\$5,000,000
OTHER: EBL \$1M/\$5k Ded						PRODUCTS - COMP/OP AGG	\$5,000,000
1 / 1						Pollution Liab	\$5,000,000
JTOMOBILE LIABILITY	Х	Х	ENP/EBA0144179	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ANY AUTO						BODILY INJURY (Per person)	\$
AUTOS AUTOS			Physcial Damage			BODILY INJURY (Per accident)	\$
HIRED AUTOS AUTOS			Scheduled Vehicles			PROPERTY DAMAGE (Per accident)	\$
OTC Ded \$1k X Coll Ded \$1							\$
UMBRELLA LIAB X OCCUR	Х	Х		07/01/2019	07/01/2020	EACH OCCURRENCE	\$1,000,000
EXCESS LIAB CLAIMS-MADE			WC & Other States			AGGREGATE	\$1,000,000
DED RETENTION \$ 0			Employer Liability				\$
ORKERS COMPENSATION			- 1	07/01/2019	07/01/2020	X PER OTH- STATUT E ER	
ANY PROPRIET OR/PART NER/EXECUTIVE N			07/01/2019	07/01/2020	E.L. EACH ACCIDENT	\$2,000,000	
andatory in NH)	N/A		\$1M/\$1M/\$1M			E.L. DISEASE - EA EMPLOYEE	\$2,000,000
es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$2,000,000
Transportation Poll. Liab Contractor's Pollution Liab	Х	Х	EPK127251	07/01/2019	07/01/2020	Aggregate Aggregate Ded per Occur	1,000,000 5,000,000 10,000
Z Z	ANY AUTO ALL OWNED AUTOS HIRED AUTOS OTC Ded \$1 X Coll Ded \$1 UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$0 REKERS COMPENSATION DEMPLOYERS' LIABILITY Y PROPRIET OR PART NER (EXCEUTIVE INCREMENT) FICER / MEMBER EXCLUDED? Indatory in NH) se, describe under SCRIPTION OF OPERATIONS below Transportation Poll. Liab	ALL OWNED AUTOS AUTOS HIRED AUTOS OTC Ded \$1\text{ X Coll Ded \$1} UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$0 IRKERS COMPENSATION DEMPLOYERS' LIABILITY Y PROPRIET OR/PART NER/EXECUTIVE INCER/MEMBER EXCLUDED? Indiatory in NH) 19.5, describe under SCRIPTION OF OPERATIONS below Transportation Poll. Liab X	ALL OWNED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS OTC Ded \$1k X COll Ded \$1 UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 0 RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N PROPRIET OR/PART NER/EXECUTIVE INCIDENT IN N/A SCRIPTION OF OPERATIONS below transportation Poll. Liab X X	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS OTC Ded \$1 k X Coll Ded \$1 UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 0 REKERS COMPENSATION DEMPLOYERS' LIABILITY POPROPRET OR/PART NER/EXECUTIVE INCER/MEMBER EXCLUDED? INCER/MEMBER EXCLUDED? INCER/MEMBER EXCLUDED? INCER/MEMBER EXCLUDED? INCER/MEMBER EXCLUDED? INCER/MEMBER EXCLUDED? IN N/A SCRIPTION OF OPERATIONS below Transportation Poll. Liab X X EPK127251	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS OTC Ded \$1k X Coll Ded \$1 UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 0 REKERS COMPENSATION DEMPLOYERS' LIABILITY PLOY PROPRET OR PART NER EXECUTIVE INCREMENT OF THE PROPRET OR PART NER EXECUTIVE INCREMENT OR PROPRET OR PART NER EXECUTIVE INCREMENT OR PROPRET OR PART NER EXECUTIVE INCREMENT OR PART NEW STATES OF THE PROPRET OR PART NEW STATES OF THE PART NEW STATES OF THE PROPRET OR PART NEW STATES OF THE PROPRET OR PART NEW STATES OF THE PART NEW ST	ALL OWNED AUTOS NON-OWNED NON-OWNED AUTOS OTC Ded \$1 x Coll Ded \$1 UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 0 REKERS COMPENSATION DEMPLOYERS' LIABILITY POR PROPRIET OR PROPRIET OR PRART MER/EXECUTIVE INCIDENT OF OR PROPRIET OR PRART MER/EXECUTIVE INCIDENT OF OR PROPRIET OR PROPRIET OR PROPRET OR PROPRIET O	ALL OWNED AUTOS AUTOS HIRED AUTOS OTC Ded \$1 k X Coll Ded \$1 UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 0 REKERS COMPENSATION DEMPLOYERS' LIABILITY (PROPRIET OR/PART INER/EXECUTIVE INCIDENT) FIGURAL PROPRIET OR/PART INER/EXECUTIVE INCIDENT) ROBORD IN N/A Scheduled Vehicles Physcial Damage Scheduled Vehicles O7/01/2019 O7/01/2019 O7/01/2020 EACH OCCURRENCE AGGREGATE O7/01/2019 O7/01/2020 X PER OTH- OTH- OTH- OTH- OTH- OTH- OTH- OTH-

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

LFUCG is Additional Insured as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
LFUCG	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
200 East Main Street	ACCORDANCE WITH THE POLICY PROVISIONS.
Lexington, KY 40507	AUTHORIZED REPRESENTATIVE LIVE W TENGWOV

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