Client#: 119007 41ALLENCOMPA										
				CA	TE OF LIAB	LITY INS	URAN	CE	DATE (MM/DD/YYYY) 2/11/2020	
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).										
				113 10	the		CONTACT Andrea		r	
JS	mith	n Lanier & Co-Le	exington				PHONE (A/C, No, Ext): 800 796-3567 FAX (A/C, No): 859 254-8020			
Ma	sh a	& McLennan Ag	ency, LLC				E-MAIL			
ΡC	Bo	x 2030	-				ADDRESS:			
Lex	ing	ton, KY 40588					INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Phoenix Insurance Company 25623			
INSU	RED						INSURER B : Travele	25674		
		The Allen Co	ompany, Inc.				INSURER C : Kentuc	10320		
		3009 Atkinso	on Ave Suite 3	00			INSURER D : Naviga	42307		
		Lexington, K	(Y 40509				INSURER E : Travele	36161		
							INSURER F : Indian	36940		
CO	/ER4	AGES	CFR	TIFIC	ATF	NUMBER:	REVISION NUMBER:			
							/E BEEN ISSUED TO			POLICY PERIOD
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.										TO WHICH THIS ALL THE TERMS,
INSR LTR		TYPE OF INSU		INSR		POLICY NUMBER		POLICY EXP () (MM/DD/YYYY)	LIMIT	-
Α	Χ	COMMERCIAL GENER		Y		DTCO962J2453	03/01/201	9 03/01/2020	EACH OCCURRENCE	\$1,000,000
			X OCCUR						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	I'L AGGREGATE LIMIT A PRO-	APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY JECT	LOC						PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b> \$
Е	AUT X	OTHER: COMOBILE LIABILITY				8108L67616A	03/01/201	9 03/01/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$ \$1,000,000 \$
	X	OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$
В	Х	UMBRELLA LIAB	X OCCUR			CUP0J2130021726	03/01/201	9 03/01/2020	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$10,000,000
С		DED X RETENTION	r <b>v</b>			353980	03/01/201	9 03/01/2020	X PER OTH- STATUTE ER	\$
	ANY	PROPRIETOR/PARTNE CER/MEMBER EXCLUD	R/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Man	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATI	ONS below						E.L. DISEASE - POLICY LIMIT	
D	Exc	cess Umbrella				CH19EXC703858IV	03/01/201	9 03/01/2020	\$25,000,000 Occurr \$25,000,000 Aggreg	
DES	RIPT	ION OF OPERATIONS /	LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	lle, may be attached if	nore space is requ	ired)	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Coverages Continued;										
		sional Liability								
Ins	urer	Code: F								
Policy Number: PEC002566411										
(Se	e At	tached Descrip	tions)							
CERTIFICATE HOLDER CANCELLATION										
	_	-								
Lexington Fayette Urban County Government Div of Central Purchasing							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
200 East Main St Lexington, KY 40507							AUTHORIZED REPRESENTATIVE			
							PETER J. KROUSE			

ACORD 25 (2016/03)	1 of 2	The ACORD name and logo are registered marks of ACORD
#S4769883/M424	1342	

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## **DESCRIPTIONS (Continued from Page 1)**

Policy Term: 03/01/2019 to 03/01/2020 \$3,000,000 - Aggregate \$1,000,000 - Per Claim \$25,000 Retention

Pollution Liability Insurer Code: F Policy Number: PEC002566411 Policy Term: 03/01/2019 to 03/01/2020 \$3,000,000 - Aggregate \$1,000,000 - Per Claim \$25,000 Retention

RE: Elizabeth Street & Forest Park Site Improvements for LFUCG Bidding 1/23/20 Certificate Holder is 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.