

## CERTIFICATE OF LIABILITY INSURANCE

**BSHINGLETON** 

DATE (MM/DD/YYYY)

**BROWDEV-01** 

					10/	/28/2020
THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVELY BELOW. THIS CERTIFICATE OF INSURA REPRESENTATIVE OR PRODUCER, AND TH	Y OR NEGATIVELY AMEND, NCE DOES NOT CONSTITU	, EXTEND OR AL	FER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
IMPORTANT: If the certificate holder is an If SUBROGATION IS WAIVED, subject to this certificate does not confer rights to the	the terms and conditions of	the policy, certain	policies may			
PRODUCER	CONTACT Melissa Cowan					
Insuramax, Inc. 2200 Greene Way	PHONE (A/C, No, Ext): (502) 479-4022 FAX (A/C, No):(502) 4				179-4023	
Louisville, KY 40220		E-MAIL ADDRESS: missic@insuramax.com				
	INSURER(S) AFFORDING COVERAGE				NAIC #	
	INSURER A : Westchester Fire Ins Co					
INSURED Brownfields Development LLC &	INSURER B : KEMI				10320	
Brownfields Environmental Cons	INSURER C : Selective Insurance				19259	
P O Box 426	INSURER D :					
Prospect, KY 40059	INSURER E :					
		INSURER F :				L
	ATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH POLIC	REMENT, TERM OR CONDITIO FAIN, THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESPE	ст то	WHICH THIS
INSR TYPE OF INSURANCE ADDL INSD	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S	
A X COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$	2,000,000
CLAIMS-MADE X OCCUR	G71781690001	2/2/2020	2/2/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
χ Contractor Pollution				MED EXP (Any one person)	\$	5,000
χ Professional				PERSONAL & ADV INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	2,000,000
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$	2,000,000
X OTHER: Contractor Pollution					\$	2,000,000
				COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	G71781690001	2/2/2020	2/2/2021	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY AUTOS					\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
					\$	
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$	
DED RETENTION \$   B WORKERS COMPENSATION				V PER OTH-	\$	
AND EMPLOYERS' LIABILITY	417892	10/1/2020	10/1/2021	▲   STATUTE   ER	¢	500,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - EA EMPLOYEE		500,000
DESCRIPTION OF OPERATIONS below				E.L. DISEASE - FOLICT LIMIT	φ	
C Equipment Floater	S 2096724	2/25/2020	2/25/2021	Rented/leased		240,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A Certificate holder is additional insured with respe	CORD 101, Additional Remarks Schedu acts to general liability when re	ile, may be attached if mo quired by contract.	re space is requi	red)		
CERTIFICATE HOLDER		CANCELLATION				
Lexington Fayette Co. Urban Gov 200 E. Main	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 REPRESE	NTATIVE				

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