Client#: 1038010 64HARROCON

$ACORD_{\cdot\cdot}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/09/2020

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).

this certificate does not comer any rights to the certificate hold	ier in neu or such endorsement(s).					
PRODUCER	CONTACT Muzette Bragdon					
McGriff Insurance Services	PHONE (A/C, No, Ext): 502 489-5912 FAX (A/C, No):	66 881-2184				
2600 Eastpoint Parkway	E-MAIL ADDRESS: MBragdon@McGriff.com	E-MAIL MAD and an @ Mac wife a am				
Louisville, KY 40223	INSURER(S) AFFORDING COVERAGE	NAIC#				
502 489-5900	INSURER A: Imperium Insurance Company	35408				
INSURED	INSURER B : Kentucky Associated Gen. Contract SIF					
Harrod Concrete & Stone Co Inc	INSURER C : Starstone Specialty Insurance Company	44776				
PO Box 794	INSURER D: Navigators Specialty Insurance Company	36056				
Frankfort, KY 40602	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE		ADDL SUBI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X	COMMERCIAL GENERAL	L LIABILITY		CONIIC0000008301	11/11/2020	11/11/2021	EACH OCCURRENCE	\$1,000,000	
		CLAIMS-MADE	X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
	X BI/PD Ded:2,000						MED EXP (Any one person)	\$5,000		
								PERSONAL & ADV INJURY	\$1,000,000	
	GEN	I'L AGGREGATE LIMIT API	PLIES PER:					GENERAL AGGREGATE	\$2,000,000	
		POLICY PRO- JECT	X LOC					PRODUCTS - COMP/OP AGG	\$2,000,000	
		OTHER:							\$	
Α	ΑUΊ	OMOBILE LIABILITY			CONIIC000000801	11/11/2020	11/11/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		AUTOS ONLY A	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	Χ	HIRED AUTOS ONLY X	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	X	UMBRELLA LIAB X	OCCUR		IERD0100365702	11/11/2020	11/11/2021	EACH OCCURRENCE	\$4,000,000	
		EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$4,000,000	
	DED X RETENTION \$0							\$		
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				890	01/01/2020	01/01/2021	X PER STATUTE OTH-		
			N/A				E.L. EACH ACCIDENT	\$4,000,000		
							E.L. DISEASE - EA EMPLOYEE	\$4,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$4,000,000		
С	Excess Liability			70533A200ALI	11/11/2020	11/11/2021	\$5Million XS \$4 Million			
D	D Excess Liability			CH20EXC946982IC	11/11/2020	11/11/2021	\$1Million XS \$9 Million			
				_						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is recognized as Additional Insured under General Liability and Auto Liability coverage
as required by written contract or agreement. Additional insured for general liability is on a primary &
non-contributory basis. A 30 day notice of cancellation applies with a 10 day notice for non payment of
premium. Coverage will not extend to any additional insured that is not provided by the insurance policy nor
that is any broader coverage than the requirement of the written contract or agreement.

Lexington Fayette Urban Co. Government 200 East Main St. 3rd Floor, Room 338 Lexington, KY 40507

CANCELLATION

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

John Sant

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