

## **CERTIFICATE OF LIABILITY INSURANCE**

JRODGERS

DATE	(MM/DD/YYYY)	
	10/0004	

ECMATT-R01

THIS CERTIFICATE IS ISSUED A CERTIFICATE DOES NOT AFFIR	MATIVEL	Y OI	R NEGATIVELY AMEND,	, EXTEND OR AL	TER THE CO	OVERAGE AFFOR	IFICATE HO	E POLICIES
BELOW. THIS CERTIFICATE O REPRESENTATIVE OR PRODUCE				TE A CONTRACT	BETWEEN	THE ISSUING INS	SURER(S), AU	JTHORIZED
IMPORTANT: If the certificate h If SUBROGATION IS WAIVED, s this certificate does not confer ric	ubject to	the	terms and conditions of	the policy, certain	policies may			
PRODUCER		0011		CONTACT Janey R		<b>C</b>		
Roeding Insurance Houchens Insurance Group 505 Wellington Way, Suite 275			NAME FAX   PHONE (A/C, No, Ext): (859) 296-4580 FAX   E-MAIL ADDRESS: jrodgers@roeding.com (A/C, No): (859) 296-4583					
								Lexington, KY 40503
								14621
INSURED						ral Contractors Self Insu		-
E.C. Matthews Company, Inc. 1218 South Broadway, Ste 375			INSURER C: Liberty Mutual Insurance Company 23043					
			INSURER D :					
Lexington, KY 40504				INSURER E :				
				INSURER F :				
COVERAGES	CERTIFIC	CATE	E NUMBER:			<b>REVISION NUMB</b>	BER:	
THIS IS TO CERTIFY THAT THE PO INDICATED. NOTWITHSTANDING A CERTIFICATE MAY BE ISSUED OR EXCLUSIONS AND CONDITIONS OF S	NY REQUI MAY PER UCH POLIC	REM TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER CIES DESCRIE PAID CLAIMS	R DOCUMENT WITH BED HEREIN IS SUB	RESPECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
			5000053306	7/1/2020	7/1/2021	DAMAGE TO RENTED PREMISES (Ea occurre	ence) \$	300,000
						MED EXP (Any one per	rson) \$	10,000
						PERSONAL & ADV INJ	IURY \$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGAT	TE \$	2,000,000
POLICY X PRO- JECT X LOC						PRODUCTS - COMP/O	PAGG \$	2,000,000
OTHER:						COMBINED SINGLE LII	\$ IMIT	1 000 000
A AUTOMOBILE LIABILITY						(Ea accident)	\$	1,000,000
			5000053306	7/1/2020	7/1/2021	BODILY INJURY (Per p	person) \$	
OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per a		
HIRED AUTOS ONLY AUTOS ONL	,					PROPERTY DAMAGE (Per accident)	\$	
A X UMBRELLA LIAB X OCCUR							\$	10,000,000
A X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS			5000055583	7/1/2020	7/1/2021	EACH OCCURRENCE	\$	10,000,000
DED X RETENTION \$	0			.,		AGGREGATE	\$	,,
B WORKERS COMPENSATION						X PER STATUTE	OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			007461	1/1/2021	1/1/2022		ER \$	4,500,000
						E.L. EACH ACCIDENT	Ť	4,500,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY		4,000,000
C Installation			BMO58953558	7/1/2020	7/1/2021	Limit of Insurance		250,000
C Leased/Rented Equip			BMO58953558	7/1/2020	7/1/2021	Limit of Insurance	ce	190,000
DESCRIPTION OF OPERATIONS / LOCATIONS / RE: West Hickman SSTP Stair Replac extent required by contract. GL is prin favor of certificate holder. General liak	ary & non	-con	tributory & coverage applie	es to both ongoing &	re space is requi ards to gener & completed o	<sup>red)</sup> ral liability, auto & e operations. Waiver	excess liabiliti of subrogatio	ty but only to on applies in
				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				
Lexington Fayette Urban County Government 200 E. Main Street				Peter 1				
200 E. Main Street Lexington, KY 40507								
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