JLALA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2021

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 rights to the certificate holder in lieu of such endorsement(s). CONTACT PHONE (A/C, No, Ext): (859) 296-4580 Roeding Insurance FAX (A/C, No): (859) 296-4583 Houchens Insurance Group ADDRESS. jlala@roeding.com 505 Wellington Way, Suite 275 Lexington, KY 40503 NAIC # INSURER(S) AFFORDING COVERAGE 14621 INSURER A: Motorists Mutual Insurance Company INSURER 8 : Kentucky Associated General Contractors Self Insurers' Fund INSURED INSURER C: Liberty Mutual Insurance Company 23043 E.C. Matthews Company, Inc. 1218 South Broadway, Ste 375 INSURER D : Lexington, KY 40504 MUSURER 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. POLICY EFF POLICY EXP **POLICY NUMBER** LIMITS TYPE OF INSURANCE 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 300,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED 5000053306 7/1/2021 7/1/2022 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2,000,000 POLICY X PRO- X LOC PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT 1.000.000 **AUTOMOBILE LIABILITY** 5000053306 7/1/2021 7/1/2022 ANY AUTO BODILY INJURY (Per person) SCHEDULED OWNED AUTOS ONLY BODILY INJURY (Per accident).
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 10,000,000 A X X OCCUR HURRELLA LIAR EACH OCCURRENCE 10.000.000 EXCESS LIAB CLAIMS-MADE 5000055583 7/1/2021 7/1/2022 AGGREGATE 0 DED X RETENTIONS X PER STATUTE В WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1/1/2021 1/1/2022 4,500,000 007461 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 4,500,000 E.L. DISEASE - EA EMPLOYEE S If yes, describe under DESCRIPTION OF OPERATIONS below 4,000,000 E.L. DISEASE - POLICY LIMIT BMO58953558 7/1/2021 7/1/2022 250,000 Installation Floater BMO58953558 190,000 7/1/2022 Leased/Rented Equip 7/1/2021 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Project: Fleet Services Ventilation Upgrades CANCELLATION **CERTIFICATE HOLDER** 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 Fayette Urban County Government AUTHORIZED REPRESENTATIVE 200 E. Main St.