Client#: 1677388 64MACCON

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/23/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT NAME:				
McGriff Insurance Services	PHONE (A/C, No, Ext): 502 489-5900	FAX (A/C, No): 866 881-2184			
2600 Eastpoint Parkway	E-MAIL ADDRESS: CHovekamp@McGriff.com				
Louisville, KY 40223	INSURER(S) AFFORDING COVERAGE	GE NAIC#			
502 489-5900	INSURER A: Phoenix Insurance Company	25623			
INSURED	INSURER B : Travelers Property Casualty Co of Amo	er 25674			
MAC Construction & Excavating Inc	INSURER C : Navigators Specialty Insurance Compa	any 36056			
P O Box 6787	INSURER D:				
New Albany, IN 47151-6787	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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY		VTC2NCO5648B343PHX	01/01/2021	01/01/2022	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR X BI/PD Ded:150000					DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$300,000 \$5,000
						PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 4,000,000
В	AUTOMOBILE LIABILITY		VTC2JCAP5648B355TI	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					(Per accident)	\$
В	Y UMBRELLA LIAB Y OCCUP		011001 0404040405	04/04/0004	04/04/0000		\$
P	A OCCUR		CUP3L2101242125	01/01/2021	01/01/2022	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED X RETENTION \$10000					DED OTH	\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		UB1L6120252125D	01/01/2021	01/01/2022	X PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
С	Excess Liability		SF20EXCZ03K8UIC	01/01/2021	01/01/2022	\$15,000,000 Occurence	
	\$15 M over \$10 M					\$15,000,000 Aggreg	ate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project: Peachtree Road/Woodhill Drive Stormwater Improvements Projects 80-2021 MAC Project #121234

The certificate holder is recognized as additional insured under General Liability as required by written contract arising out of the named insureds operations. Coverage will not extend to any additional insured (See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION		
Lexington Fayette Urban County Government 200 East Main Street	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 REPRESENTATIVE		
	Mrsha		

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DESCRIPTIONS (Continued from Page 1)
that is not provided by the insurance policy nor that is any broader coverage than the requirement of the written contract or agreement.