



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/08/2021

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 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).

<b>PRODUCER</b>  The Underwriters Group, Inc. 1700 Eastpoint Parkway P.O. Box 23790 Louisville, KY 40223	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 502-244-1343 <b>FAX (A/C, No):</b> 502-244-1411 <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b>  JRA, Inc.  3225 Summit Square Pl, Ste 200 Lexington, KY 40509	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Sentinel Insurance Company Ltd</td><td>11000</td></tr><tr><td>INSURER B: Trumbull Insurance Company</td><td>27120</td></tr><tr><td>INSURER C: XL Specialty Insurance Company</td><td>37885</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Sentinel Insurance Company Ltd	11000	INSURER B: Trumbull Insurance Company	27120	INSURER C: XL Specialty Insurance Company	37885	INSURER D:		INSURER E:		INSURER F:	
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## COVERAGES

## CERTIFICATE NUMBER:

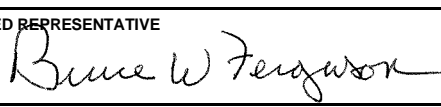
## REVISION NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	33SBABK6837	07/12/2020	07/12/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> HCPD	X	X	33UECKP1502	07/12/2020	07/12/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000	X	X	33SBABK6837	07/12/2020	07/12/2021	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	33WECBF6393	07/12/2020	07/12/2021	<input checked="" type="checkbox"/> PER STATUT E <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Professional Liability		X	DPR9961276	06/18/2020	06/18/2021	Per Claim 2,000,000 Aggregate 2,000,000

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

## CERTIFICATE HOLDER

Hardin County Schools  65 W A Jenkins Road  Elizabethtown, Ky, 42701	<b>CANCELLATION</b>  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 
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The undersigned agent, being duly sworn, states that neither he/she nor his/her firm has any relationship (financial or through kinship) to:

- ☐ Any school board member or the superintendent;
- ☒ Any or all prime contractors or material suppliers when using the construction management method of construction.

The undersigned further states that he/she has not entered into any agreement or collusion with any person relative to the price bid by anyone nor has he/she attempted to induce anyone to refrain from bidding.

Explain below any kinship or financial relationship you may have to any parties as mentioned above on this project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This affidavit is subject to KRS 45A.455 prohibition against conflict of interest, and gratuities and kickbacks.

[Signature] President  
Name Title

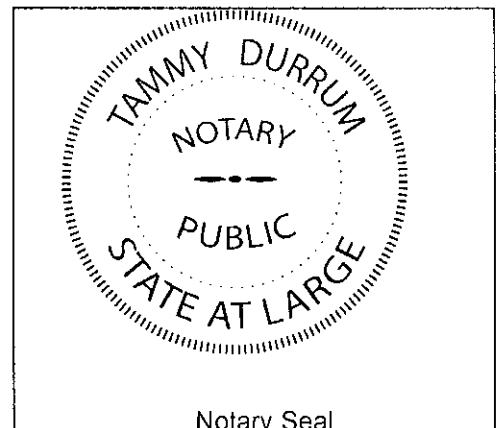
JRA Architects  
Name of Company

Subscribed and Sworn to Me this  
8th day of June  
20

Notary Signature

My Commission expires:

October 25, 20 23



Notary Seal



## **HOURLY RATE SCHEDULE**

**April, 2021**

### **HOURLY RATE**

<b>Senior Principals</b>	<b>\$250.00</b>
<b>Senior Architects</b>	<b>\$205.00</b>
<b>Principals</b>	<b>\$180.00</b>
<b>Senior Associates</b>	<b>\$160.00</b>
<b>Senior Education Architect</b>	<b>\$160.00</b>
<b>Associates</b>	<b>\$150.00</b>
<b>Architects, Designers, Specifications Writers</b>	<b>\$140.00</b>
<b>Interior Designer</b>	<b>\$120.00</b>
<b>Production</b>	<b>\$110.00</b>
<b>Senior Administrative</b>	<b>\$90.00</b>
<b>Administrative/Secretarial</b>	<b>\$80.00</b>

### **REIMBURSABLE EXPENSES**

Cost times a multiple of 1.20.

- Out of town travel: automobile mileage, fuel and other means.
- Overnight out of town subsistence
- Expense of duplication of plans and specifications for construction for the Owner's use, Contractor bidding, and for agency approvals, including postage
- Consultants for other than basic mechanical and electrical services (as agreed by Owner)

These rates are subject to adjustment to allow for changes in employee compensation.

WOODLAND ES HVAC - FEE ANALYSIS

WOODLAND ES HVAC		
CONSTRUCTION COST		\$ 2,500,000.00 BG-1
KDE BASE FEE % (rounded to nearest \$100k)	6.30%	
JRA BASE FEE % (rounded to nearest \$100k)	6.00%	
KDE Renovation Factor	1.25	
JRA Renovation Factor	1.20	
KDE FEE % (rounded to nearest \$100k)	7.88%	\$ 196,900.00
JRA FEE % (rounded to nearest \$100k)	7.20%	\$ 180,000.00
SAVINGS \$		\$ 16,900.00

ESTIMATED TOTAL FEE (rounded to nearest \$100k) \$180,000.00  
Fee withholding % 2.00%

	SD	DD	CD	BD	CA	TOTAL
% per Phase	15%	20%	40%	5%	20%	100%
Fee Per Phase	\$27,000.00	\$36,000.00	\$72,000.00	\$9,000.00	\$36,000.00	\$ 180,000.00
Withholding per Phase	\$540.00	\$720.00	\$1,440.00	\$180.00	\$720.00	\$ 3,600.00
	\$26,460.00	\$35,280.00	\$70,560.00	\$8,820.00	\$35,280.00	\$176,400.00