



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/11

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.

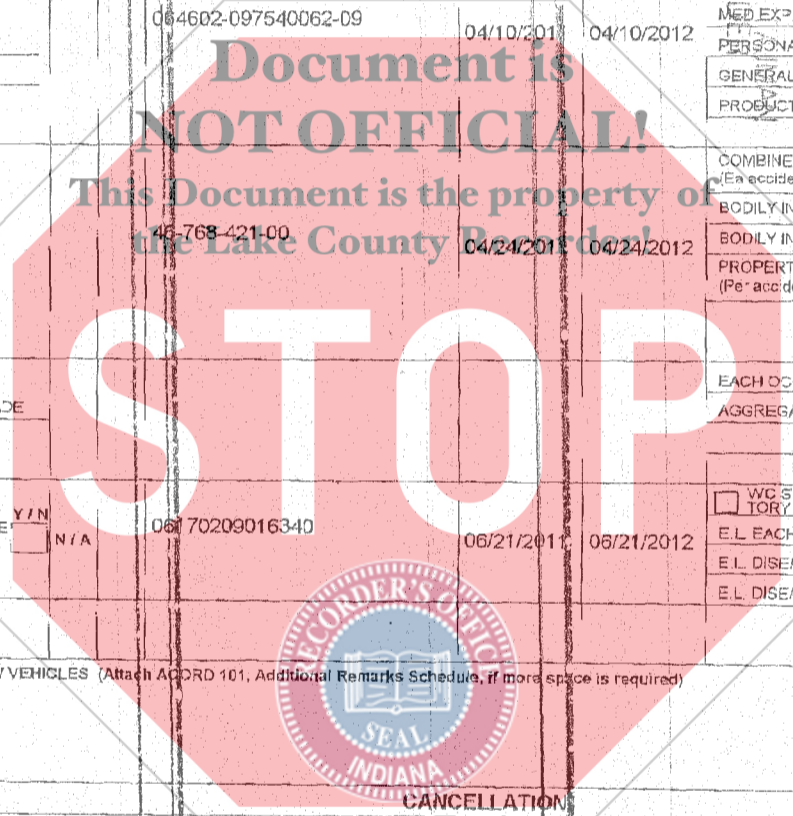
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Century II Insurance Agency Inc 2 E Commercial Well, IN 46356 Phone (219) 696-4433 Fax (219) 696-4459	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE: NAIC #
INSURED Vis Sons Inc A Three Brothers Heating & C PO Box 250 re Village, IN 46349-0250	INSURER A: Auto Owners INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

2011 05 16 99

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.

TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY					
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 500,000
<input type="checkbox"/> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		064602-097540062-09	04/10/2011	04/10/2012	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
<input checked="" type="checkbox"/> Hired and non owned auto					MED EXP (Any one person) \$ 10,000
<input type="checkbox"/>					PERSONAL & ADV INJURY \$ 500,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/PROP/AGG \$ 1,000,000
AUTOMOBILE LIABILITY					
<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
<input checked="" type="checkbox"/> ALL OWNED AUTOS		46-768-421-00	04/24/2011	04/24/2012	BODILY INJURY (Per person) \$ 100,000
<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ 300,000
<input type="checkbox"/> HIREN AUTOS					PROPERTY DAMAGE (Per accident) \$ 100,000
<input type="checkbox"/> NON-OWNED AUTOS					\$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					\$
<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$
<input type="checkbox"/> DEDUCTIBLE					AGGREGATE \$
<input type="checkbox"/> RETENTION \$					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	06170209016340	06/21/2011	06/21/2012	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L EACH ACCIDENT \$ 100,000
					E.L DISEASE - EA EMPLOYEE \$ 100,000
					E.L DISEASE - POLICY LIMIT \$ 500,000



DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
HVAC
AMOUNT \$ 12
CASH CHARGE
CHECK #
OVERAGE

CERTIFICATE HOLDER
Lake County Plan Commission
Lake County Government Center
2293 Main St.
Crown Point, IN 46307
CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE MUST BE GIVEN IN ACCORDANCE WITH THE POLICY PROVISIONS.
COPY _____
NON-COMPLETED
CLERK _____
AUTHORIZED REPRESENTATIVE
Pamela A. Lindsay



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

Recorder

PHONE (219) 755-3730
FAX (219) 755-3257

MEMORANDUM

DISCLAIMER

This document has been recorded as presented.
It may not meet with State of Indiana Recordation requirements.

- Document is NOT OFFICIAL!**
Do not rely on this copy of the Lake County Recorder!
1. STAINED DOCUMENT AT TIME OF RECORDING _____
 2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING _____
 3. PAGE (S) MISSING AT TIME OF RECORDING _____
 4. ATTACHEMENTS MISSING AT TIME OF RECORDING _____
 5. DOCUMENT TOO LIGHT AT TIME OF RECORDING _____
 6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING
 7. DOCUMENT TORN DURING PROCESS OF RECORDING _____
 8. DOCUMENT STAINED DURING PROCESS OF RECORDING _____
 9. CUSTOMER INSISTING DOCUMENT TO BE RECORDED _____
 10. DOCUMENT RECORDED AS IS, MAY NOT MEET STATE REQUIREMENTS.

CUSTOMER INITIALS _____ DATE: / /

EMPLOYEE INITIALS BB DATE: 9/26/11