Certificate of Insurance



This certifies that

State Farm Fire and Casualty Company, Bloomington, Illinois State Farm General Insurance Company, Bloomington, Illinois	; i . i ,
State Farm Fire and Casualty Company, Aurora, Ontario State Farm Florida Insurance Company, Winter Haven, Florida State Farm Lloyds, Dallas, Texas	

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insures the following policyholder for the coverages indicated below: Policyholder	253894	7011 SEP 29	PH 12: 43

Address of policyholder Location of operations

3106 100TH STREET, HIGHLAND, IN

LAKE & PORTER COUNTY **ELECTRICAL CONTRACTOR** Description of operations

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

		Policy Period		Limits of Liability		
Policy Number	Type of Insurance	Effective Date	Expiration Date	(at beginning of policy period)		
94-FD-3008-4	Comprehensive Business Liability	01/01/2011	01/01/2012		BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:	 ✓ Products - Completed ✓ Contractual Liability ✓ Personal Injury ✓ Advertising Injury 	Operations		Each Occurrence General Aggregate	\$ 1,000,000.00 \$ 2,000,000.00	
	Advertising injury			Product - Completed Operations Aggregate	\$ 2,000,000.00	
		Policy	Period	BODILY INJURY AND PI	ROPERTY DAMAGE	
Policy Number	EXCESS LIABILITY	Effective Date	Expiration Date	(Combined Sir	ngle Limit)	
94-BY-4381-9	∪mbrella ✓	01/01/2011	01/01/2012	Each Occurrence	\$ 1,000,000.00	
	Other	2000		Aggregate	\$	
	ı	Policy Effective Date	Period Expiration Date	Part I - Workers Compe	ensation - Statutory	
94-FD-3436-1	Workers' Compensation and Employers Liability	D <i>01/01/20</i> 1ht e Lake Cou	is 01/01/2013 p inty Record	Part II - Employers Liability Each Accident Disease - Each Employee Disease - Policy Limit	\$ 500,000.00 \$ 500,000.00 \$ 500,000.00	
Policy Number	Type of Insurance	Policy Effective Date	Period Expiration Date	Limits of Liability (at beginning of policy period)		
94-61-4689-2	COUNTY OF LAKE	12/31/2010	12/31/2011	5000	oncy periouj	
94-CE-9958-1	COUNTY OF PORTER	08/01/2010	08/01/2011	5000		

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

LAKE COUNTY GOV. CENTER ATT: LAKE COUNTY PLANNING COMMISSION 2293 N- MAIN CROWN POINT, INDIANA 46307



If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder 30 days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

AMOUNT \$ CASH ___ CHARGE CHECK #. OVERAGE COPY_ NON-COM_ **CLERK** __

Signature of Authorized Representative

AGENT 12/06/10 Title Date

DAN DITOLA Agent Name

Telephone Number (219) 924-9999

Agent's Code Stamp

14-93B2 Agent Code AFO Code F576

106399.10 08-25-2009

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