

CERTIFICATE OF LIABILITY INSURANCE

Spec Well Dhilling Jen OP ID: VV

SURANCE DATE (MM/DD/YYYY)
11/23/10

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 219-738-2526 Braman Insurance Services 219-738-1833 8001 Broadway, Suite 300 Merrillville, IN 46410-6286 Donald A. Biesen		CONTACT NAME:				
		PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: ECONO-1	FAX (A/C, No):			
			INSURER(S) AFFORDING COVERAGE			
INSURED	Economy Well Services, Inc. 5110 West 133rd Avenue Crown Point, IN 46307		INSURER A : Indiana Insurance Co	mpany —	·	
			INSURER B:			
			INSURER C:	0		
K			INSURER D:	C)		
			INSURER E :	+		
			INSURER F:			
COVEDA	CES CE	DTICICATE NUMBER.		(IOLONIA III INTO ED		

COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AROW 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.										
LTR	INSR LTR TYPE OF INSURANCE		INSR WVD POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000			
Α	X COMMERCIAL GENERAL LIABILITY		CBP8819257	11/26/10	11/26/11	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000			
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 67 5,000			
			Documen	+ 10		PERSONAL & ADMINIURY	\$ I 1,000,000			
ŀ			Documen	16 19		genyang gamang at	2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:	7	TOT OFFI	CT A I		PRODUCTS - COMP/OP AGG	2,000,000			
ŀ	POLICY X PRO-	1	NOT OFFI		4.	TO DOCIO - COMPON AGO	\$ 2,000,000			
	AUTOMOBILE LIABILITY	This	Document is the	22020	etyr of	COMBINED SINGE LIMIT				
Α	X ANY AUTO	1 1112	BA8819357	11/26/10	11/26/11	(Ealaccident)	1,000,000			
		t	he Lake County R	Record	er!	BODI NJURY (Per person)	\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	ALL OWNED AUTOS					BODI INJURY (Per accident)	\$ 2			
	SCHEDULED AUTOS					PROPERTY DAMAGE	\$			
	X HIRED AUTOS					(Per accident)				
ŀ	X NON-OWNED AUTOS						\$			
							\$			
ĺ	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 2,000,000			
Α	EXCESS LIAB CLAIMS-MADE		CU8819557	11/26/10	11/26/11	AGGREGATE	\$ 2,000,000			
^	DEDUCTIBLE						\$			
	X RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X WC STATU- OTH- TORY LIMITS ER				
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE		WC8819457	11/26/10	11/26/11	E.L. EACH ACCIDENT	\$ 500,000			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	El Old annual of			E.L. DISEASE - EA EMPLOYEE	·			
	If yes, describe under DESCRIPTION OF OPERATIONS below			6E						
	DESCRIPTION OF OF EIGHTONS DEIGW			31		E.L. DISEASE - POLICY LIMIT	\$ 500,000			
				THE STATE OF THE S						
DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
Insured's Scope of Work: Water Well Driller.										
CERTIFICATE HOLDER										

CERTIFICATE HOLDER		CANCELLATION
Lake County Plan Commission 2293 North Main Street	LAKE001 2 02 # 18659	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Crown Point, IN 46307	Inon com	AUTHORIZED REPRESENTATIVE
L	ic Bys	Vonel Par Bris
		@ 4000 0000 400DD 00DD0D4Ti011 111 111

© 1988-2009 ACORD CORPORATION. All rights reserved.

ACORD 25 (2009/09)

The ACORD name and logo are registered marks of ACORD