## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2011

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	CONTACT NAME:			
Lighthouse Insurance Agency	PHONE (A/C. No. E		FAX (A/C, No);	
8219 Wicker Ave.	E-MAIL ADDRESS:		N	
	PRODUCE CUSTOME	₹	(RSG)	
Saint John IN 46373		INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED	INSURER A	: Auto Owners Insurance Co	Canala	18988
TK Electric, LLC	INSURER E	3;		
7329 McConnell Avenue	INSURER	÷:		
	INSURER D	):	<u> </u>	
Lowell IN 46356-1767	INSURER E	::	~~~~	
	INSURER F	:		
COVERAGES CERTIFICA	ATE NUMBER:	REVISION NUI	MBER:	

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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY s 1,000,000 X 054602 09547258 11 COMMERCIAL GENERAL LIABILITY 10/03/11 10/03/12 CLAIMS-MADE X OCCUR MED EXP (Any one person) 1,000,000 2,000,000 PERSONAL & ADVINJURY Jocument is GENERAL AGEREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - SOMPIOP AGE 3,000,000 POLICY X PRO-AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) 1,000,900 x 118 46547258001ent is th 10/03/11 10/03/12 (Ea accident)

BODILY INJURY (Per person) \$ 1,000,000 ANY AUTO ALL OWNED AUTOS the Lake County Recorder! BODILY INJURY (Ber accident) \$ 300,000 SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) Φş HIRED ALITOS X NON-OWNED AUTOS UMBRELLA LIAB X OCCUR \$5,000,000 EACH OCCURRENCE **EXCESS LIAB** 46-547-258-01 10/03/11 10/03/12 CLAIMS-MADE \$5,000,000 AGGREGATE DEDUCTIBLE X RETENTION \$ 10,000
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH) s 10,000 X WC STATU-09013718 10/06/11 10/06/12 \$1,000,000 E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 yes, describe under ESCRIPTION OF OPERATIONS below \$1,000,000 E.L. DISEASE - POLICY LIMIT All risk Property or Inland 054602 09547258 05 10/03/11 10/03/12 \$50,000 blanket any Marine one item DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

**Electrical Contractor** 

CANCELLATION

Lake County Plan Commission ATTN: Building Dept. - Mary Beth 2293 N. Main St.

Crown Point, IN 46307 Phone:

Fax: (219)755-3712

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

Medan (BM)

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ACORD 25 (2009/09)

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