



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JD

DATE (MM/DD/YYYY)  
08/23/11

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 The Thompson Group 12703 W SR 32, PO Box 298 Parker City, IN 47368-0298 Anson R Thompson		765-468-6655 765-468-7639	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: FIRES-1	FAX (A/C, No): 2011 072721
INSURED Fire Systems Services Inc. Kevin & Kent Crawmer 1424 Sadler Circle E Drive Indianapolis, IN 46239	←		INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Insurance INSURER B: FirstComp insurance INSURER C: INSURER D: INSURER E: INSURER F:	

**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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			NSE0695755 03	12/30/10	12/30/11	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
	<input checked="" type="checkbox"/> Professional Liab			NSE0695755 03	12/30/10	12/30/11	MED EXP (any one person) \$ 10,000
	<input checked="" type="checkbox"/> XCU included					PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO			NSE069575503	12/30/10	12/30/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE \$ 4,000,000
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE	NUE069619903	12/30/10	12/30/11	AGGREGATE \$
	DEDUCTIBLE						
	<input checked="" type="checkbox"/> RETENTION \$ waived						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input type="checkbox"/> N	WC0102682-01	12/30/10	12/30/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Property			NSE0695755 03	12/30/10	12/30/11	Deductibl 500
A	Professional Liab			NSE0695755 03	12/30/10	12/30/11	Prof Liab 2mil/2mil

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Fire Suppression Systems, Installation, Repairs and Inspections.

**CERTIFICATE HOLDER****CANCELLATION**

LAKECOP

Lake County Plan Commission  
 2293 N. Main St.  
 Crown Point, IN 46307

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

*C R M*

CK# 9630 B12  
 CA non comp

© 1988-2009 ACORD CORPORATION. All rights reserved.