



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JO

DATE (MM/DD/YYYY)

02/24/11

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 Isu Bekan Insurance Group - Sc P.O.Box 568 Schererville, IN 46375-0568 Burnes Barney | 219-865-1515 | CONTACT NAME: | 2011 11075016 |
| | | PHONE (A/C, No. Ext): | |
| | | E-MAIL ADDRESS: | |
| | | PRODUCER CUSTOMER ID #: POOS-01 | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED Pools N Spas N Stuff, Inc. PO Box 10356 Merrillville, IN 46410 | INSURER A : Pekin Insurance Company | | |
| | INSURER B : | | |
| | 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|--|---|-----------|----------|---------------|-------------------------|-------------------------|--|--------------|
| A | GENERAL LIABILITY | | | 00CL70688 | 03/01/11 | 03/01/12 | EACH OCCURRENCE | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) | |
| | | | | | | | \$ 5,000 | |
| | | | | | | | PERSONAL & ADV INJURY | |
| | | | | | | | \$ 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | \$ 1,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG | |
| | | | | | | | \$ 1,000,000 | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | |
| | <input type="checkbox"/> ANY AUTO | | | | | | \$ 5,000 | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per person) | |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | \$ | |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | | \$ | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | |
| | <input type="checkbox"/> OCCUR | | | | | | \$ | |
| | EXCESS LIAB | | | | | | AGGREGATE | |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ | |
| | DEDUCTIBLE | | | | | | \$ | |
| | RETENTION \$ | | | | | | \$ | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 00WC34365 | 03/01/11 | 03/01/12 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT | \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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) | | | | | | | AMOUNT \$ 12 | |
| Description: In ground swimming pool installation | | | | | | | CASH <input checked="" type="checkbox"/> CHARGE <input type="checkbox"/> | |
| | | | | | | | CHECK # _____ | |
| | | | | | | | OVERAGE _____ | |
| | | | | | | | COPY _____ | |

| | |
|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| LAKECOU | NON-COM <input checked="" type="checkbox"/> |
| Lake County Plan Commission 2293 N. Main 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 Burnes Barney |

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