



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MI

DATE (MM/DD/YYYY)  
12/28/11

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 P.O. Box 341 Lowell, IN 46356 Hitzeman-Langen-Russel	219-696-7321	CONTACT NAME:	2011 075699
	219-696-6038	PHONE (A/C No. Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: PGXI-01	
INSURED PGX, Inc. Jayme 11627 W 117th Ave. Cedar Lake, IN 46303	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Nationwide		23787
	INSURER B : Technology Insurance Company		42376
	INSURER C :		
	INSURER D :		
	INSURER E :		

## 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.

INSTR LTR	TYPE OF INSURANCE	ADDL INSTR	NOBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			ACP 5704958257	04/01/11	04/01/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL X ADV IN JURY \$ 1,000,000
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS COMP/PROP/ENG \$ 2,000,000
A	AUTOMOBILE LIABILITY			ACP 5704958257	04/01/11	04/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY IN JURY (Per person) \$
	ALL OWNED AUTOS						BODILY IN JURY (Per accident) \$
A	<input checked="" type="checkbox"/> SCHEDULED AUTOS			ACP 5704958257	04/01/11	04/01/12	PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> HIRED AUTOS			ACP 5704958257	04/01/11	04/01/12	\$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
A	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	ACP 5704958257	04/01/11	04/01/12	EACH OCCURRENCE \$ 2,000,000
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$ 2,000,000
	DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 10000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC1240493	04/01/11	04/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Sewer, Water

AMOUNT \$ 12  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 6173

## CERTIFICATE HOLDER

LAKECOU

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

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. NON-COM

AUTHORIZED REPRESENTATIVE  
Hitzeman-Langen-Russel

OVERAGE

CLERK

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