

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/12

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).

White 2611 High Ted I INSUF	Highwaland, IN Havens RED /ERAGI IS IS TO DICATED RETIFICATE RETIFICATED	Siemer Inc. dba Siemer Heating & 2817 Highway Highland, IN 46322	Cooling ERTIFICATE NUMBER CIES OF INSURANCE LISE REQUIREMENT, TERM AY PERTAIN, THE INSURANCH POLICIES. LIMITS SH	TED BELOW HAVE OR CONDITION OR RANCE AFFORDS	INSURER A: Ansur Amer INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: //E BEEN ISSUED TO OF ANY CONTRACT ED BY THE POLICIES BEEN REDUCED BY F	THE INSURE OR OTHER IS DESCRIBED	REVISION NUMBED NAMED ABOVE FOOCUMENT WITH RE	THE PC	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A		LLIABILITY MMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	BOP601		05/01/12	05/01/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence MED EXP (Agrone personal CADV INJUI GENERAL AGGREGAT	≥ s ₊ ,	1,000,000 100,000 5,000 ≦1,000,000 ≥2,000,000
	POL	GGREGATE LIMIT APPLIES PER: PRO- JICY JECT LOC BILE LIABILITY	NO'	TOF	FICIA	LI	PRODUCTS - COMP/OF	2 37	TT2,000,000
A	X HIRI	Y AUTO OWNED AUTOS HEDULED AUTOS ED AUTOS N-OWNED AUTOS			s the of 1911/12 pointy Record	~	(Ea accident) BODILY INJURY (Per per per per per per per per per per p		1,000,000 NOI NOI NOI NOI NOI NOI NOI NOI NOI NOI
Α	DED	BRELLA LIAB X OCCUR CESS LIAB CLAIMS-M DUCTIBLE TENTION \$	BOP601	7647	05/01/12	05/01/13	EACH OCCURRENCE AGGREGATE	\$. \$. \$	3,000,000 3,000,000
A	WORKER AND EMP ANY PRO OFFICER (Mandato If yes, des	RS COMPENSATION PLOYERS' LIABILITY PRIETOR/PARTNER/EXECUTIVE (MEMBER EXCLUDED? ry in NH) scribe under PTION OF OPERATIONS below	WC6017	647	05/01/12	05/01/13	WC STATU- TORY LIMITS X E.L. EACH ACCIDENT E.L. DISEASE - EA EMPL E.L. DISEASE - POLICY L	•	1,000,000 1,000,000 1,000,000
DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SCOPE OF SERVICE - INSTALLATION / SERVICE OF HVAC									
CERTIFICATE HOLDER CANCELLATION									
		Lake County Planning Commission 2293 North Main Stree Crown Point, IN 46307	t	LAKECO1 Je M(an (S		DATE THE			

ACORD 25 (2009/09)

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