



Policy Number 602472545

Date Entered 3/19/2009

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2012

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 Michael A. Maione Insurance Agency, Inc. 559 Roger Williams Ave. Highland Park, IL 60035	CONTACT NAME MICHAEL A MAIONE INSURANCE AGENCY	PHONE (A.C. No. Ext) (847)433-4880	FAX (A.C. No.) (847)433-5095
	INSURER(S) AFFORDING COVERAGE		NAC#
INSURED DUNNING ELECTRICAL SERVICES, INC. 6809 W IRVING PARK RD CHICAGO, IL 60634-2305	INSURER A Truck Insurance Exchange		
	INSURER B		
	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.

INBR LTR	TYPE OF INSURANCE	ADDL INBR	INBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	COVERAGE	AMOUNT
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			602472545	1/1/2012	1/1/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA Occurrence) \$250,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJUR \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP OP AGG \$2,000,000 \$5,000,000	2012 AUG 23 PM 2:10
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALLOWED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			602472545	1/1/2012	1/1/2013	COMBINED SINGLE LIMIT (EA accident) \$1,000,000 BODILY INJURY (Ea person) \$ BODILY INJURY (Ea accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			602472456	1/1/2012	1/1/2013	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ UIC STATUTORY LIMITS OTHER	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) Ives, describe under DESCRIPTION OF OPERATIONS DE DW		N/A	B08094462	1/1/2012	1/1/2013	E L EACH ACCIDENT \$1,000,000 E L DISEASE - EA EMPLOYEE \$1,000,000 E L DISEASE - POLICY LIMIT \$1,000,000	
A	Hired and Non-owned Tools			602472545	1/1/2012	1/1/2013	\$220,000	

DESCRIPTION OF OPERATION S / LOCATION S / VEHICLE S (As to ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Town of Merrillville Planning & Building Department 7820 Broadway Merrillville, IN 46410 <i>1200 noncom 30693 RR</i>	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.
	AUTHORIZED REPRESENTATIVE <i>Michael A. Maione</i>