



KOONWAG-01

MRIVERA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/2/2012

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 License # BR-533773 Krauter & Company, LLC 1350 Avenue of the Americas 18th Floor New York, NY 10019	CONTACT NAME: Melissa Rivera PHONE (A/C, No, Ext): 1 (212) 596-3400 FAX (A/C, No): 1 (212) 596-3460 E-MAIL ADDRESS: mrivera@krautergroup.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Koontz-Wagner Holdings LLC 3801 Voorde Drive South Bend, IN 46628	INSURER A: Illinois National Insurance Co	23817
	INSURER B: Navigators Insurance Company	42307
	INSURER C: New Hampshire Insurance Company	23841
	INSURER D: Hartford Insurance Group	00914
	INSURER E: Alterra America Insurance Company	21296
	INSURER F:	

2012 058065

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)	LIMIT
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			GL 4807501	1/1/2012	1/1/2013	EACH OCCURRENCE 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CA 9722518	1/1/2012	1/1/2013	COMBINED SINGLE LIMIT (Ea accident) 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			CH12EXC745201IV	1/1/2012	1/1/2013	EACH OCCURRENCE 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE 1,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$						
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 1591632	1/1/2012	1/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Property			10UUNJG2642	1/1/2012	1/1/2013	Limit 11,164,000
E	Excess Liability			MAXA3EC30000132	1/1/2012	1/1/2013	Limit 15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 See attached remarks section for additional named insureds.
 Thirty (30) Days written notice of cancellation, Ten (10) Days written notice of cancellation due to non-payment of premium.
 Proof of Insurance.

CERTIFICATE HOLDER Lake County Recorder Attention: Carolyn 2293 North Main Street 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. AUTHORIZED REPRESENTATIVE <i>Mark A. Smith</i>
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14.6
 CR# 02/09/0
 CR# 02/11/3
 JMK
 CR



ADDITIONAL REMARKS SCHEDULE

AGENCY Krauter & Company, LLC	License # BR-533773	NAMED INSURED Koontz-Wagner Holdings LLC 3801 Voorde Drive South Bend, IN 46628
POLICY NUMBER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1
CARRIER		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: **ACORD 25** FORM TITLE: **Certificate of Liability Insurance**

Remarks:

Named Insureds:

Named Insureds include the following subsidiaries of Koontz-Wagner Holdings, LLC:

- Koontz-Wagner Maintenance Services, LLC
- dba Koontz-Wagner Maintenance Services
- dba Koontz-Wagner Electric (OH)
- Koontz-Wagner Custom Controls Holdings, LLC
- dba Koontz-Wagner Electric
- Tennessee Associated Electric Holdings, LLC
- dba Tennessee Associated Electric
- Koontz-Wagner Construction Services, LLC
- dba Koontz-Wagner Electric Construction Services
- Koontz-Wagner Indiana Real Estate Holdings, LLC

