

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/24/12

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).

219-769-4840 CONTACT NAME: 219-769-0216 PHONE (A/C, No, Ext): E-MAIL Briggs Agency, Inc. 4000 West Lincoln Highway Merrillville, IN 46410 Timothy A. Briggs FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MURPHS1 INSURER(S) AFFORDING COVERAGE INSURER A: Westfield Insurance Company INSURED Murph's Mobile Home Service 24112 Murray Pierce dba INSURER B: 2300 Four Seasons Parkway INSURER C: Crown Point, IN 46307 INSURER D: INSURER E :

									INSURER F:							
COVERAGES CER				RTIFICATE 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				SUBF					POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMITS				
	. GENERAL LIABILITY										EACH OCCURRENCE	\$	500,000			
Α	X	COMMERCIAL GENERAL LIABILITY	1		CWP3904566				06/01/11		06/01/12	DAMAGE TO RENTED PREMISÉS (Ea occurrence)	\$	150,000		
		CLAIMS-MADE X OCCUR								MED EXP (Any one person)		\$	5,000			
					-							PERSONAL & ADV INJURY	. \$	500,000		
				١.,		00	CU1	me1	nt	15		GENERAL AGGREGATE	\$	1,000,000		
	GEN	N'L AGGREGATE LIMIT APPLIES PER:	-	/_			_					PRODUCTS - COMP/OP AGG	\$	1,000,000		
		POLICY PRO- JECT LOC			NO'			7 77 [\$			
	AUT	TOMOBILE LIABILITY	/			-					C	COMBINED SINGLE LIMIT — (Ea accident)	\$			
		ANY AUTO		his	Doc	Docume		is the	prope	rty of	BODILY INJURY (Per person)	\$				
	-	ALL OWNED AUTOS	1	t	he La	ke	Cou	ntv]	Rec	ord	er!	BODILY INJURY (Per accident) \$			
		SCHEDULED AUTOS						J.				PROPERTY DAMAGE	F .			
	<u> </u>	HIRED AUTOS										(Per accident)		=		
		NON-OWNED AUTOS		and a contract of								<u> </u>				
		UMBRELLA LIAB OCCUP										FACH OCCURRENCE	-			
	-	EXCESS LIAB CLAIMS-MADE										AGGREGATE				
		CEARVIS-WADI	=									AGGREGATE	\$			
		DEDUCTIBLE RETENTION \$											\$			
		RKERS COMPENSATION										WC STATU- OTH	i-			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PÀRTNER/EXECUTIVE												E.L. EACH ACCIDENT	\$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A	N/A								E.L. DISEASE EA EMPLOYE				
٠	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE POLICY MIT	TRANSMI	ward.		
						E	// m∈		21			3 5				
												り	71/7	m		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) HVAC Contractor														700		
пум		Ontractor				MOLANIA JUST						7 2	23	Z .00		
							Tonin .	Him				Andreas Control	SE	ph com		
												으로	300N			
CE	RTIF	ICATE HOLDER	CANC					CELL	ATION		≥ Ω	<u> </u>	<u> </u>			
THE											SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		Planning & Bldg. Dept. 2293 N. Main St. Crown Point, IN 46307							AUTHORIZED REPRESENTATIVE Timothy A. Briggs							

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