

CERTIFICATE OF LIABILITY INSURANCE

ALLA-04 OP ID: DK

> DATE (MM/DD/YYYY) 03/11/2013

> > 500,000

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 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(les) 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

PRODUCER Isu Bekan Insurance Group P O Box 341 Lowell, IN 46356 Jim Langen II		Phone: 219-696-7321 Fax: 219-696-6038	CONTACT	Deb Kersey	10	···	
			PHONE (A/C, No, Ext): 219-865-1515		(A/C, No): 219-696-6038		
			E-MAIL ADDRESS	dkersey@bekan.com	မ		
				INSURER(S) AFFORDING COVERAGE	~	NAIC #	
			INSURER A	: Selective Insurance Of America	0	12572	
INSURED	All About Signs & Graphics LLC 3903 W 83rd Pl Unit E Merrillville, IN 46410		INSURER I	3:	2		
			INSURER (3:	0		
			INSURER I	D:	0		
			INSURER I	: :	∞		
	i		INSURER	· · · · · · · · · · · · · · · · · · ·	+		

CERTIFICATE NUMBER: COVERAGES 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. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 1,000,000 EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (EA occurrence) S 2047705 10/30/2012 10/30/2013 100,000 X COMMERCIAL GENERAL LIABILITY **3**≥= 10,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY જાઈએ GENERAL AGGREGATE \$

3,000,000 PRODUCES COMPIOPAGE 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER ocument is POLICY PRO-JECT AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT 1,000,000 Į, BODILY INJURY (Per parson) X ANY AUTO SCHEDULED AUTOS ALL OWNED AUTOS This Document is the property of BODIEY INJURY (Per abount) \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) X X HIRED AUTOS the Lake County Recorder! \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY X WC STATU-TORY LIMITS 10/30/2012 10/30/2013 NC 7999184 100,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA OFFICERVINLING
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS being 100,000 E.L. DISEASE - EA EMPLOYEE \$

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

CERTIFICATE HOLDER CANCELLATION LAKECOU

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

2028 RN

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

E.L. DISEASE POLICY LIMIT \$

AUTHORIZED REPRESENTATIVE

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