

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/8/2013

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 CONTACT Debbie Bell												
General Insurance Services						PHONE (219) 879-4581 FAX (A/C, No): (219) 873-1292						
421 Franklin Street						E-MAIL ADDRESS: dbell@genins.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
P.O. Box 418 Michigan City IN 46361					INSURER A ACUITY					0	14184	
					MOUDEO D.					-		
INSURED						INSURER B:						
John Young Plumbing LLC						INSURER C:						
5361 US HIGHWAY 6 STE C					INSURER D:					0		
					INSURER E:					5		
PORTAGE IN 46368					INSURER F:				0			
COVERAGES CER			RTIFICATE NUMBER:13/14 JOHN			NG	REVISION NUMBER:			LION DEDICE		
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LTR	TYPE OF INSURANCE	INSR	WP	POLICY NUMBER		(MM/DD/TTTT)	(MM/DD/TTTT)	EACH OCCURRE	NCE	s	1,000,000	
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		-						GENERAL AGGR	EGA TE)	پ	3,000,000	
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	ALL OWNED SCHEDULED AUTOS	Λ	hi	hi ⁸⁴ 1705cument		7/1/2013 e pro r	7/1/2014 COLV	PROPERTY DAM			[] =	
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)		-		
	HIMLES NO. 100		1	the Lake Cou	ınty	Kecor	der!	Uninsured motoris	st Bi split limit	-\$		
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1								AGGREGATE		s	5,000,000	
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L	DED X RETENTION\$	0		A46703				WC STATU)- OTH-			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/ N						X TORY LIMIT			E00 000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				x46705		7/1/2013	7/1/2014	E.L. EACH ACCI		\$	500,000	
								E.L. DISEASE - I	EA EMPLOYE	\$	500,000	
1	if yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE -	POLICY LIMIT	\$	500,000	
	BESCHILL FIGURE OF ELECTRONIC SCIENCE										اندد	
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<u></u>	SCRIPTION OF OPERATIONS / LOCATIONS / V	ELUOI ES 1	046			de if more spac	e is required)				15	
DES	scription of operations / Locations / V .umbing SubContractor	EHICLES (Attach	ACORD 101, Additional Remar	ve acting	ole, il more spac	o is required;				ر با ا	
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		CAN	CANCELLATION CONF									
CERTIFICATE HOLDER CANCELLATION												
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO											LLED BEFORE	
1		TH	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									
Lake County Plan Commission						ACCORDANCE WITH THE POLICY PROVISIONS.						
2293 N. Main Street					AUTH	AUTHORIZED REPRESENTATIVE						
Crown Point, IN 46307												
1							10					
		Debl	Debbie Bell/DEBBIE Deborah & Bell									

ACORD 25 (2010/05)

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