



KOONWAG-01

MRIVERA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/2/2013

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).

<b>PRODUCER</b> Krauter & Company, LLC 1350 Avenue of the Americas 18th Floor New York, NY 10019	<b>CONTACT NAME:</b> Melissa Rivera	
	<b>PHONE (A/C, No, Ext):</b> 1 (212) 596-3400	<b>FAX (A/C, No):</b> 1 (212) 596-3460
<b>E-MAIL ADDRESS:</b> mrivera@krautergroup.com		
<b>INSURED</b> Koontz-Wagner Holdings LLC 3801 Voorde Drive South Bend, IN 46628	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Illinois National Insurance Co	<b>NAIC #</b> 23817
	<b>INSURER B:</b> Navigators Insurance Company	<b>NAIC #</b> 42307
	<b>INSURER C:</b> Insurance Company of the State of Pennsylvania	<b>NAIC #</b> 19429
	<b>INSURER D:</b> Hartford Casualty Insurance Company	<b>NAIC #</b> 29424
	<b>INSURER E:</b> Alterra America Insurance Company	<b>NAIC #</b> 21296
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

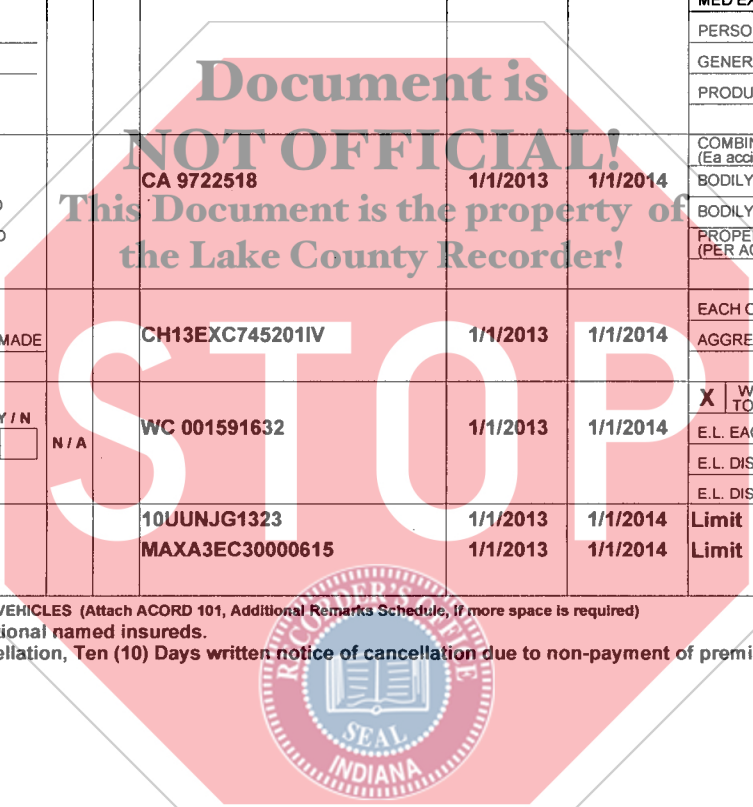
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			GL 4807501	1/1/2013	1/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" 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"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CA 9722518	1/1/2013	1/1/2014	COMBINED SINGLE LIMIT (Ea accident) 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) 1,000,000
	<input type="checkbox"/> ALL AUTO						BODILY INJURY (Per accident) 1,000,000
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			CH13EXC745201IV	1/1/2013	1/1/2014	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE						
	DED						
	RETENTION \$						
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 001591632	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/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
D	Property			10UUNJG1323	1/1/2013	1/1/2014	Limit 11,221,000
E	Excess Liability			MAXA3EC30000615	1/1/2013	1/1/2014	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.**

<b>CERTIFICATE HOLDER</b>  Lake County Planf Commission 2283 N. Main Street Crown Point, IN 46307	<b>CANCELLATION</b>  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>Mack A. Smith</i>
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### ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Krauter &amp; Company, LLC</b>		NAMED INSURED <b>Koontz-Wagner Holdings LLC</b> 3801 Voorde Drive South Bend, IN 46628	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**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  
 Koontz-Wagner Construction Services, LLC  
 dba Koontz-Wagner Electric Construction Services  
 Koontz-Wagner Indiana Real Estate Holdings, LLC  
 Koontz-Wagner Services

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MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

