Client#: 44901

RYANFIRE

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2012

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.

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 certificate to the

certificate holder in lieu of such endorsement(s). CONTACT Mary Robinson Old National Insurance FAX (A/C, Ng): 317-706-9713 PHONE (A/C, No, Ext): 317-706-9513 P.O. Box 80159_ E-MAIL ADDRESS: mary.robinson@oldnationalins.com Indianapolis, IN-,46280-0159 INSURER(S) AFFORDING COVERAGE 317 575-9999 INSURER A Phoenix Insurance Co 25623 C INSURED INSURER B : Commerce & Industry/Chartis S 19410 Ryan Fireprotection Inc. INSURER C: Farmington Casualty Company ယ 41483 9740 East 148th Street INSURER D : Illinois Union thru Ace INA E&S N 27960 Noblesville, IN 46060 INSURER E: Charter Oak Fire Ins Co 25615 N

INSURER F: **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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE **POLICY NUMBER** GENERAL LIABILITY X DTCO2743B33APHX12 12/30/2012 12/30/2013 EACH OCCURRENCE Α X s1,000,000 DAMAGE TO RENTED PREMISES (EF DECUTE s 300,000 X COMMERCIAL GENERAL LIABILITY Blanket A/I and CLAIMS-MADE X OCCUR waiver if requ'd MED EXP (An one person) \$5,000m; X Includes Contractual by written PERSONAL & ADVINJURY s 1,000,000 X XCU not excluded contract s2,000,000 GENERAL AGGREGATE GENERAL AGEREGATE PRODUCTS - DOMP!OP AGE **Jocument** is GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 POLICY X PRO-JECT ع و ب X DT8102743B33ACOF12 12/30/2012 12/30/2013 COMBINED SINGLE LIMIT = \$1,000,000 AUTOMOBILE LIABILITY Ε BODILY INJURY (Per person) Blanket A/I and ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS waivecitrequent is the property of ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) by written County Recorder! X HIRED AUTOS X UMBRELLA LIAB В X OCCUR 4989324 12/30/2012 12/30/2013 EACH OCCURRENCE \$10,000,000 EXCESS LIAB \$10,000,000 CLAIMS-MADE AGGREGATE DED X RETENTION \$10,000 WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? 12/30/2012 12/30/2013 X WC STATU-OTH ER DTFUB2743B33A12 **Blanket WOS if** s1.000.000 E.L. EACH ACCIDENT N requ'd by contract E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Ohio EL coverage E.L. DISEASE - POLICY LIMIT \$1,000,000 D CEOG24552469002 **Professional &** 12/30/2012 12/30/2013 Total Limit: \$5,000,000 Pollution Liab. Claims Made QT6605456B425COF Leased/Rent Equip 12/30/2012 12/30/2013 Limit: \$75,000-2500ded DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Fire Protection Contractor

CERTIFICATE HOLDER

CANCELLATION

Lake County Plan Commission 2293 North Main Street Crown Point, IN 46307-0000

of 1

12.00

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

John S. Flynn

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