

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/05/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE BELOW THE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW THE SET 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).

certificate holder in lieu of such endorsement(s). CONTACT NAME: DWIGHT DENNE PHONE (A/C, No, Ext): 219-365-7732 E-MAIL ADDRESS: T DWIGHT DENNEY **DWIGHT DENNEY** FAX: 219-365-7739 8237 WICKER AVE ST. JOHN, IN 46373 NAIC# **INSURER(S) AFFORDING COVERAGE** دے INSURER A: STATE FARM FIRE & CASUALTY CO INSURED M & S ELECTRIC INC INSURER B CO INSURER C: **ELECTRICAL CONTRACTOR** 10 INSURER D : **621 W OAK PL** O INSURER E: GRIFFITH IN 46319-2035 INSURER F : REVISION NUMBER **CERTIFICATE NUMBER:** COVERAGES 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 INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea Occurrence) GENERAL LIABILITY 94-FF-4220-9 12/31/2013 12/31/2014 \$ 1.000.000 \$ X COMMERCIAL GENERAL LIABILITY 300,000 MED EXP (Any one person) 5,000 CLAIMS-MADE OCCUR PERSONAL A ADV INJURY \$ 1,000,000 GENERAL AGGREGATE 3 2,000,000 **Jocument** is PRODUCTS COMP/OP AGG 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER \$ POLICY PRO-JECT \$ OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) OTUA YA This Document is the property of SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accit \$ PROPERTY DAMAGE (Per accident) the Lake County Recorder! HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION 12/31/2013 94-FF-4512-9 12/31/2014 AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT 500,000 N OFFICE/MEMBER EXCLUDED? 500,000 (Mandatory in NH)
If yes, describe und E.L. DISEASE - EA EMPLOYEE \$ flyes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **ELECTRICAL CONTRACTOR CERTIFICATE HOLDER CANCELLATION** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. LAKE COUNTY PLAN COMMISSION **2293 N MAIN ST CROWN POINT, IN 46307**

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