

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/15/2013

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).

PRC	DUCE	R Shirer Insurance	Sanricas				NAME:						
		400 N. Main Stre					PHONE (A/C, No, Ext):			F	AX A/C. No):		
		PO Box 416					E-MAIL ADDRESS:			13,	,,.		<del></del>
		Crown Point, IN	46307				ADDRESS:						
								IN	SURER(S) AFFOR	DING COVERAGE	183		NC#
						·	INSURER A:	NDIAN	A FARMERS	MUTUAL INS CO		220	624
INSU	JRED	Genesis Electrica	al Service, Inc.				INSURER B:						
		1349 E. 900/N.	46240				INSURER C : ~						
		Lake Village; JN	40349				INSURER D :				$\omega$		
		5.23					INSURER E :					-	
						· · · · · · · · · · · · · · · · · · ·	INSURER F :			•	9		
		RAGES ,				UMBER:				REVISION NUMB			
C	IDICA ERTI	ATED. NOTWITHSTAI IFICATE MAY BE <u>LIS</u> SU	NDING ANY RE JED OR MAY F	QUIREN PERTAIN	VENT, THE	CE LISTED BELOW HAVE TERM OR CONDITION OF INSURANCE AFFORDED ITS SHOWN MAY HAVE B	F ANY CONTRA BY THE POL	ACT OI	R OTHER DOO DESCRIBED H	CUMENT WITH RESI	PECT TO W	HICH THIS	
INSR LTR				ADDL S	UBR			Y EFF					
	$\overline{}$	TYPE OF INSURA	INCE	INSR V	WVD	POLICY NUMBER					LIMITS		
Α	GEN	NERAL LIABILITY			- 1	BOP1002662	12/01	/2013	12/01/2014	EACH OCCURRENCE	\$	1,0	000,000
	V	COMMERCIAL GENERAL	LIABILITY		,					DAMAGE TO RENTED PREMISES (Ea occurre		1	100,000
		CLAIMS-MADE \	OCCUR							MED EXP (Any one per	son) \$		5,000
			_							PERSONAL & ADV INJ	-	1 (	000.000
					İ						- <del></del>		000,000
		J				Decree	044			GENERAL AGGRESAT		<del></del>	
	GEN	N'L AGGREGATE LIMIT APP	PLIES PER:			Docum	lenu	15		PRODUCTS - COMPIO		777	000,000
	V	POLICY JECT:	LOC							~~~	<u> </u>	<u> </u>	
Α	AUT	OMOBILE LIABILITY		$\perp X$		CAP1004048	12/01	/2013	12/01/2014	COMBINED SINGLE LII	MIT. ST	<b>高</b> 1,0	000,000
		ANY AUTO			4				L.	BODILY INJURY (Per po	oreno		
		ALL OWNED	SCHEDULED	TIL	.i. 1	Dogumentie	the ne	040.0	ety of	BODILY INJURY (Per ac	ccident) \$	<u>B</u>	
	-	1 1	AUTOS NON-OWNED		112 1	Document is	tile bro	ope	rty or	PROPERTY PAMAGE			
	$\vdash$		AUTOS	1	th	e Lake Coun	ty Reco	ord	prl	PROPERTY DAMAGE (Per accident)			
					CII	c Laixe Coun	ity rice	or a		a la cal	N SO		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	N s		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	ယ် န		
	$\Box$	DEED DETENTION								ACCINECATE			
A	WO	DED RETENTION RKERS COMPENSATION	1 \$			WCP1002611	12/04	12042	12/01/2014	/ WC STATU.	S OTH-		
~	AND	EMPLOYERS' LIABILITY	Y/N			VVCP1002611	12/01	/2013	12/01/2014	WC STATU- TORY LIMITS	ER		
	ANY	PROPRIETOR/PARTNER/E	XECUTIVE -	N/A						E.L. EACH ACCIDENT	\$	5	500,000
	(Mar	ndatory in NH)	·   L				.1			E.L. DISEASE - EA EMP	LOYEE S	5	500,000
	If yes	s, describe under SCRIPTION OF OPERATION	IS below							E.L. DISEASE - POLICY	LIMIT S		500,000
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						ATTITU	TT-						i
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				ES (Attac	h ACOR	D 101, Additional Remarks Scho	edule, if more space	e is req	uired)				
ELE	CTR	ICAL CONTRACTOR	R \				122						
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						SEA.	337						
						Very NDIA	NAmi			9			
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CEI	RTIF	ICATE HOLDER					CANCELLA	TION					
													$\overline{}$
		LAKE COUNTY	+	1188101	N	12-00 CASH MN CLANT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
		2293 N MAIN S				1 1 1 1	ACCORDANCE WITH THE POLICY PROVISIONS.						
		CROWN POIN	i, IN 46307			(B)1'							
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