



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/09/2013

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<br>Phone: (219) 850-1001 Fax: (219) 942-4156<br><b>U.S. INSURANCE SERVICES, INC.</b><br>8085 RANDOLPH STREET<br>HOBART IN 46342 | CONTACT NAME: <b>U.S. Insurance Services, Inc.</b><br>PHONE (AC. No. Ext): (219) 850-1001<br>E-MAIL: <b>www.insurancenumbers.com</b><br>ADDRESS: | (219) 942-4156<br>201309081 |
| INSURED<br><b>BILL'S PROFESSIONAL PAINTING LLC</b><br>7310 EAST 107TH COURT<br>CROWN POINT IN 46307                                      | INSURER(S) AFFORDING COVERAGE  | NAIC #                      |
|  | INSURER A : <b>Pekin Insurance Company</b>   | 24228                       |
|  | INSURER B :  |                             |
|  | INSURER C :  |                             |
|  | INSURER D :  |                             |
|  | INSURER E :  |                             |
|  | INSURER F :  |                             |

COVERAGES CERTIFICATE NUMBER: 7685 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  | ADD'L INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                       |              |
|----------|--|------------|----------|---------------|-------------------------|-------------------------|---|-----------------------|--------------|
| A        | <b>GENERAL LIABILITY</b>   |            |          | CL0065332     | 09/27/13                | 09/27/14                | EACH OCCURRENCE                           | \$ 1,000,000          |              |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                           |            |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000            |              |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR             |            |          |               |                         |                         | MED. EXP (Any one person)                 | \$ 5,000              |              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |            |          |               |                         |                         |   | PERSONAL & ADY INJURY | \$ 1,000,000 |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC |            |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000          |              |
|          |  |            |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000          |              |
| A        | <b>AUTOMOBILE LIABILITY</b>  |            |          | 00P672345     | 02/09/13                | 02/09/14                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000          |              |
|          | <input checked="" type="checkbox"/> ANY OWNED AUTOS  |            |          |               |                         |                         | BODILY INJURY (Per person)                | \$ 1,000,000          |              |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |            |          |               |                         |                         | BODILY INJURY (Per accident)              | \$ 1,000,000          |              |
|          | <input type="checkbox"/> HIRED AUTOS   |            |          |               |                         |                         | PROPERTY DAMAGE (per accident)            | \$ 1,000,000          |              |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |            |          |               |                         |                         |   |                       |              |
|          | <input type="checkbox"/> NON-OWNED AUTOS   |            |          |               |                         |                         |   |                       |              |
|          | <b>UMBRELLA LIAB</b>   |            |          |               |                         |                         | EACH OCCURRENCE                           | \$                    |              |
|          | <input type="checkbox"/> OCCUR   |            |          |               |                         |                         | AGGREGATE                                 | \$                    |              |
|          | <b>EXCESS LIAB</b>   |            |          |               |                         |                         |   |                       |              |
|          | <input type="checkbox"/> CLAIMS-MADE   |            |          |               |                         |                         |   |                       |              |
|          | DED  |            |          |               |                         |                         |   |                       |              |
|          | RETENTION \$   |            |          |               |                         |                         |   |                       |              |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                       |            |          | 00WC66494     | 09/27/13                | 09/27/14                | WC STATUTORY LIMITS                       | \$                    |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                                  |            |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$ 500,000            |              |
|          | (Mandatory in NH)  |            |          |               |                         |                         | E.L. DISEASE-EA EMPLOYEE                  | \$ 500,000            |              |
|          | If yes, 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)

Painting

CERTIFICATE HOLDER

CANCELLATION

LAKE COUNTY PLAN COMMISSION  
2293 NORTH MAIN STREET  
CROWN POINT IN 46307  
PH: 219-755-3700 / FAX: 219-755-3712

Attention:

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

ACORD 25 (2010/05)

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