ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/19/2013

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 MARSH USA, INC. 501 MERRITT 7 NORWALK, CT 06856 Attn: Emcor. Certrequest@marsh.com / Fax: 203-229-6787		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:		
Attit. Elitar.certiequesi@inalsi.com//rax. 200-225-0707		INSURER(S) AFFORDING COVERA	GE	NAIC #
034282-Sham-SON-13-14	SHAMB	INSURER A: Continental Casualty Company		20443
INSURED		INSURER B : American Casualty Company Of Reading, F	² a	20427
SHAMBAUGH & SON, L.P. HAVEL BROS. DIV., ED GRACE DIV., ADVANCED SYSTEMS GROUP	INSURER C: Transportation Insurance Co		20494	
MICHIGAN DIV., PACE MECHANICAL INC.	INSURER D:			
7614 OPPORTUNITY DRIVE / P.O. BOX 1287 FORT WAYNE, IN 46801		INSURER E :		
		INSURER F:		_

INSURER F:								
		TIFICATE NUMBER:	NYC-005966464-39	REVISION NUMBER: 1				
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	INSR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)	LIMITS				
Α	GENERAL LIABILITY	GL 4025755083	10/01/2013 10/01/2014	EACH OCCURRENCE \$	2,000,000			
	X COMMERCIAL GENERAL LIABILITY			DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000			
1	CLAIMS-MADE X OCCUR			MED EXP (Any one pelso) \$	25,000			
				PERSONAL & ADV INCIR \$	2,000,000			
				GENERAL AGGREGATE \$	6,000,000			
1	GEN'L AGGREGATE LIMIT APPLIES PER:	Decree		PRODUCTS - COMP/GDAGG \$	14,000,000			
	POLICY X PRO- JECT LOC	Docum	nent is	\$				
Α	AUTOMOBILE LIABILITY	BUA 4025755133	10/01/2013 10/01/2014	COMBINED SINGLE LIMID (Ea accident) \$	2,000,000			
1	X ANY AUTO	NOTOF	FICIAL!	BODILY INJURY (Per person) \$				
	ALL OWNED SCHEDULED AUTOS	This Decrees the	41	BODILY INJURY (Per accident) \$				
1	X HIRED AUTOS X NON-OWNED AUTOS	This Document is		PROPERTY DAMAGE (Per accident)				
		the Lake Cour		Auto Physical Damage \$	Included			
^	X UMBRELLA LIAB X OCCUR	L 2068208285	10/01/2013 10/01/2014	EACH OCCURRENCE \$	5,000,000			
	EXCESS LIAB CLAIMS-MADE			AGGREGATE \$	5,000,000			
	DED X RETENTION \$ 10,000	W 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10010010	\$				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	WC 4025755021 (AOS)	10/01/2013 10/01/2014	X WC STATU- OTH-	. 4 000 000			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE N	WC 4025755035 (CA)	10/01/2013 10/01/2014	E.L. EACH ACCIDENT \$	1,000,000			
C	(Mandatory in NH)	WC 4025755018 (AZ, WI OR)	10/01/2013 10/01/2014	E.L. DISEASE EA EMESTYEE \$	1,000,000			
<u> </u>	If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE POLICEUMIT \$1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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				C C				
RE: I Certi the o	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule; if more space is required) RE: Mechanical, Electrical, Fire Protection, Water Treatment Facility construction throughout the U.S. for all work performed during the policy year. Certificate Holder is included as additional insured (except as respects all coverage afforded by the WC policy) and is granted a waiver of subrogation as required to written control to the operations of the Named Insured.							
CE	CERTIFICATE HOLDER CANCELLATION							
U	AKE COUNTY PLAN COMMISSION		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					

LAKE COUNTY PLAN COMMISSION 2293 NORTH MAIN ST. CROWN POINT, IN 46307 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 of Marsh USA Inc.

Heidi Bauermeister

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ACORD 25 (2010/05)

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AGENCY CUSTOMER ID: 034282

LOC #: Norwalk



ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA, INC.		NAMED INSURED SHAMBAUGH & SON, L.P. HAVEL BROS. DIV., ED GRACE DIV., ADVANCED SYSTEMS GROUP DIV., DYNALECTRIC	
POLICY NUMBER		MICHIGAN DIV., PACE MECHANICAL INC. 7614 OPPORTUNITY DRIVE / P.O. BOX 1287 FORT WAYNE. IN. 46801	
CARRIER	NAIC CODE	1 3 11 17 11 12 11 1 1 1 1 1 1 1 1 1 1 1 1	
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Auto Physical Damage Comp / Coll Deductible \$500

In the event of cancellation or material change that reduces or restricts the insurance afforded by this Coverage Part (other than the reduction of aggregate limits through payment of claims as applicable), Insurer agrees to mail prior written notice of cancellation or material change to: Certificate Holder

Schedule

1. Number of days advance notice: For any statutorily permitted reason other than non-payment of premium, the number of days required for notice of cancellation as provided in paragraph 2 of either the Cancellation Common Policy Conditions or as amended by the applicable state cancellation endorsement is increased to the lesser of 60 days or the number of days required in a written contract.

For non-payment of premium, The greater of (1) the number of days required by state law or (2) the number of days required by written contract.

2. Name

Notice will be mailed to: Certificate holder



ACORD 101 (2008/01)

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