CERTIFICATE OF LIABILITY **INSURANCE**

DATE (MM/DO/YYYY)

12/31/2013

E	this certificate is issued as a pertificate does not affirmat delow. This certificate of ins depresentative or producer, ai	IVELY OR URANCE NO THE CE	NEGATIVELY AMENI DOES NOT CONSTITU ERTIFICATE HOLDER.	D, EXTE	ONTRACT	ER THE CI	OVERAGE AFFORD THE ISSUING INSU	ed by th Rer(\$), Al	E POLICIES	
IB.	PORTANT: If the certificate holder is an in terms and conditions of the policy, ce	ADDITION	AL INSURED, the policy	les) mus	t be endorsed	. If SUBROG	ATION IS WAIVED, as	bject to	·	
	orlificate holder in lieu of such endorsemen	t(\$).	a merk indelten mit mit GOLE	**************************************	Markingur OU	mis celdiicsv	e aves not conter right	No.		
PRODUCER Phone: (2(9) 950-1001 Fax: (219) 942-4186					CONTACT U.S. Insurance Services, inc.					
U.S. INSURANCE SERVICES, INC. 8085 RANDOLPH STREET				PHONE JA/C, No	IAIC, No. Ext): (219) 850-1001 (AIC, No.): (219) 8-2-4-150					
HOBART IN 48342					ADDRESS: www.insurancenumbers.com					
	property of the second			ļ	·		rding coverage		NAIC W	
MSORED					INSURERA : Pekin Insurance					
LAKE HEATING AND VENTILATING INC.				INSURE	INSUAER8 ;					
1807 FOREST LANE CROWN POINT IN 46307					INSURER C :					
2		-	WBURER C:							
					INSURER E :					
CC	VERAGES CEF	Mach	REVISION NUMBER							
7	HIS IS TO CERTIFY THAT THE POLICIES	OF INSURA	ANCE LISTED BELOW HA	VE BEEN	ISSUED TO T	HE INSURED	NAMED ABOVE FOR	THE POLIC	Y PERIOD	
0	NDICATED. NOTWITHSTANDING ANY REI PERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH F	QUIREMENT PERTAIN, T	i, term or condition The insurance appord	OF ANY ED BY 1	CONTRACT C	OR OTHER D	OCUMENT WITH RES	PECT TO W	HICH THIS	
INS	TYPE OF INSURANCE	ADD'L SUER	POLICY NUMBER		POLICY BAR (MALIDIAYYY)	POLICYERP		rinila	3 - 5	
A	GENERAL LIABILITY		CL0176868		09/07/13	09/07/14	EACH OCCURRENCE	S	1,000,000	
18	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED > PREMISES (Es occurence)	3 ==	100,000	
	CLAIMS-MADE X OCCUR	10.10					MED, EXP (Any one gare)	N 8 11	5,000	
			Dear		-4:		PERSONAL & ADVIKTOR	777	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Docui	me	nt 1s		GENERAL AGGREGATE	ယု ႏွင့		
	PRO		TOTOT			T .	PRODUCTS COMPION		2,000,000	
A	AUTOMOBILE LIABILITY		00P686739		09/07/13	09/07/14	COMBINED SINGLE MAT	3 FT1	Life Trans	
	CTUA YMA	TPI-:		: - 41h			(Sa accident)	<u>ယု ႏ ⊖</u>		
	AUTOS X AUTOS		Document			•	BODILY INJURY THE RESI		1,000,000	
	HIRED AUTOS NON-OWNED	t	he Lake Cou	inty	Recor	der!	PROPERTY DAMAGE	101-	1,000,000	
-						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(ns; accident)	 		
A	X UMERELLA LIAB X COCCUR		CU27732		09/07/13	09/07/14	EACH OCCURRENCE	Ś	1,000,000	
	EXCESS LIAB CLAIMS-MADE DED X RETENTIONS 10,000						AGGREGATE	5	1,000,000	
A	WORKERS COMPENSATION		MOSAGRAGA				WC STATUL	\$		
M	AND EMPLOYERS' LIABILITY		WC0002808	and the contract of	09/07/13	09/07/14	TORYLIMITS	ER S	INDIANA	
	ANY PROPRIETORIPARTNEREXECUTIVE OFFICENMENIBER ENGLUDED? (Monday in NN)	H/A					E.L. EACH ACCIDENT	*	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIM		500,000	
							ere procede - Focio i Can	1 1 9	500,000	
		游	TIME	illinin	,	The state of the s				
IVA	PRIFTION OF OPERATIONS / LOCATIONS / VEHICL C Operations and Services TIFICATE HOLDER	LES (Angch A	CORD 101, Additional Remark	EAL	, If more space in	required	10	ox.1	185 W	
2	ake County Planning Commission 293 N Main St rown Point, IN 46307 : (219) 755-3700 / F: (219) 755-3712	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	•	MU IMURIZ	UTHORIZED REPRESENTATIVE							

Attention:

ACORD 25 (2010/05)

John J. Serletic

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