

CERTIFICATE OF LIABILITY INSURANCE

CEELEC1 OP ID: CW

DATE (MM/DD/YYYY) 01/03/14

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 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED BELOW.

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). 630-279-8300 CONTACT NAME: PHONE (A/C, No. Extr. HUMBERT INSURANCE AGENCY, LTD. 188 INDUSTRIAL DRIVE STE #430 ELMHURST, IL 60126 Humbert Insurance Agency, Ltd. FAX (A/C. No): INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Artisan and Truckers Casualty IMSURED C & E Electric **DISURER B: Pekin Insurance Company** 24228 24929 S White Oak Ln INSURER C Crete, IL 60417 INSURER D INSURER E NSURER F **COVERAGES** CERTIFICATE NUMBER: **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. ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE
DAMAGE TO RENTED
PREMISES (Ea occurrence) 1.000.000 B X COMMERCIAL GENERAL LIABILITY CL0113194-D 10/19/13 10/19/14 100.000 CLAIMS MADE X OCCUR MED EXP (Any one person) 5,000 1,000,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGAT 2,000,000 **Jocument** is GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 PRODUCTS - COMPIO AGG POLICY AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT A 02203513-0 05/10/13 BODILY INJURY (Per past) 05/10/14 500,000 ALL OWNED X SCHEDULED AUTOS
X NON-OWNED AUTOS This Document is the property BODILY INJURY (Per accide 500.000 X PROPERTY DAMAGE (Per socident) HIRED AUTOS \$ 500,000 he Lake County Recorder! UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB NO COVERAGE AGGREGATE CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY TORKLIMITS C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) NO COVERAGE E.L. DISEASE - EA EMPLOYEE ELDIS ASE POLOCUMITAS > yes, describe under DESCRIPTION OF OPERATIONS L В Property Section CL0113194-D 10/19/13 10/19/14 RECC 5.00 . DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schodule, if more space is required)
Electrical Contractor - Outline of Coverage CERTIFICATE HOLDER CANCELLATION LAKECOU 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 Street AUTHORIZED REPRESENTATIVE Crown Point, IN 46307 NON CO CO(J)Deuswork ren 0

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