

## CERTIFICATE OF LIABILITY INSURANCE

01/09/2014

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.

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). CONTACT NAME: FAX PRODUCER Ron J. Prestamer Agency, Inc. 7207 Indianapolis Blvd., Ste 1 Hammond, IN 46324 Ron J. Prestamer PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER No): CUSTOMER ID #: ILLIA-2 NAIC# INSURER(S) AFFORDING COVERAGE 25127 Illiana Sign Co. INSURER A : State Auto INSURED 7945 Jackson Ave. INSURER B Munster, IN 46321 INSURER C: 0 INSURER D :  $\boldsymbol{\omega}$ INSUREK E INSURER F : **REVISION NUMBER:** CERTIFICATE NUMBER: **COVERAGES** 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 POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) JETUMITS" 10 -TYPE OF INSURANCE POLICY NUMBER EACH OCCURRENCE DAMAGE HO BENTED PREMISES (Ep occurrence) 1,000,000 GENERAL LIABILITY 200,000 11/14/2013 11/14/2014 SPP222134600 X X COMMERCIAL GENERAL LIABILITY 5,000 (30) MED EXP((Any one person) CLAIMS-MADE X OCCUR 1,000,000 PERSONAL'S ADV INJURY Jocument is 2,000,000 GENERAL AGGREGATES 3 2,000,000 PRODUCTS - COMP/OF AGG 35 GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-COMBINED SINGLE LIMIT 1,000,000 AUTOMOBILE LIABILITY 5 (Ea eccident) 11/14/2013 11/14/2014 ANY AUTO BODILY INJURY (Per person) \$ ie Lake County Recorder! ALL OWNED AUTOS BODILY INJURY (Per accident) \$ X SCHEDULED AUTOS (PER ACCIDENT) HIRED AUTOS \$ X NON-OWNED AUTOS UMBRELLA LIAB EACH OCCURRENCE OCCUR EXCESS LIAB AGGREGATE 5 CLAIMS-MADE \$ RETENTION WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE idetory in NH) fyes, describe under JESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 11/14/2013 11/14/2014 Replaceme 250,000 SPP 222134607 Rental Equipment DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Add)tional Remarks Schedule, Il more space is required) Sign Installer CANCELLATION CERTIFICATE HOLDER LAKE CO 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 Fax # 219-755-3712 2293 N. Main St. AUTHORIZED BEPRESENTATIVE

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Ron J. Prestamer