CERTIFICATE OF LIABILITY INSURANCE

RUSHM-2

DATE (MM/DD/YYYY)

OP ID: LS

01/13/2014

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.

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 BRIAN G. METRICK PRODUCER FAX (A/C, No): W.A. MUEHLER AGENCY, INC. 516 HODGES P.O. BOX 1253 PHONE (A/C, No, Ext): 708-946-9100 E-MAIL ADDRESS: P.O. BOX 1253 BEECHER, IL 60401 BRIAN G. METRICK NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: WEST BEND MUTUAL **RUSH MECHANICAL CONTRACTORS** INSURER B: INSURED 15806 ANNICO DRIVE INSURER C **HOMER GLEN,, IL 60491** INSURER D : 0 INSURER 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. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY ADDL SUBR INSR WVD -FEIMITS. TYPE OF INSURANCE POLICY NUMBER 1,000,000 EACH OCCURRENCE

DAMAGE TO RENTED

PREMISES (Ea Occurrence) \$ GENERAL LIABILITY \$,,,,,, 50.000 01/01/2014 01/01/2015 BCA-0447169-13 X COMMERCIAL GENERAL LIABILITY 5,000 \$3 MED EXP (Any one person) CLAIMS-MADE X OCCUR \$177 1,000,000 PERSONAE & ADV INJURY PER-PROJECT GENERAL AGGREGATE 2,000,000 \$ X XCU-BROAD FORM 2,000,000 PRODUCTS - COMP/OF AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER POLICY X PRO-JECT OMBINED SINGLE LIMIT 2.000.000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) BCA-0447169-13 01/01/2014 01/01/2015 ANY AUTO ALL OWNED AUTOS ocument is the property of SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) \$ X Χ PROPERTY DAMAGE (PER ACCIDENT) \$ the Lake County Recorder! HIRED AUTOS 5.000.000 EACH OCCURRENCE UMBRELLA LIAB OCCUR 5,000,000 CUA-0577801-13 01/01/2014 01/01/2015 \$ AGGREGATE EXCESS LIAB CLAIMS-MADE DED X RETENTION \$
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY \$ X WC STATU-TORY LIMITS 1.000.000 01/01/2014 01/01/2015 WCA-0713415-09 E.L. EACH ACCIDENT \$ Α ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) HEATING & AIR CONTRACTOR CANCELLATION **CERTIFICATE HOLDER** 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 NO. MAIN ST. **CROWN POINT, IN 46307** AUTHORIZED REPRESENTATIVE

BRIAN G. METRICK

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