

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/04/2014

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 liqu of such endorsement(s).

certificate holder in lieu of such endorsemen	t(s).	CONTACT IEDDV N	ACCAPTY		
PRODUCER		NAME: JULINI MOOARTI			
MCCARTY AGENCY INC.					
346 SOUTH MAIN STREET	ACCURE AND A STORPING COVERAGE NAIC #				
BARTLETT, ILLINOIS 60103		INSURER(S) AFFORDING COVERAGE			23779
,		INSURER A : NATIONWIDE MUTUAL FIRE 23779			
INSURED		INSURER B :			
TOUGH_ELECTRIC, INC		INSURER C:			
717 JACKSON STREET		INSURER D:			
AURORA, ILLINOIS 60505		INSURER E:			
AURORA, ILLINOIS 60303		INSURER F:			
CEPTIEIC	REVISION NUMBER:				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER. REVISION NUMBER. REVISION NUMBER. REVISION NUMBER.					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE TO WHICH THIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED. NOTWITHSTANDING ANY PERTAIN, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE ISSUED MAY HAVE BEEN REDUICED BY PAID CLAIMS.					
CERTIFICATE MAY BE ISSUED OR MAY PERTA	AIN, THE INSURANCE AFFORD	ED BY THE POLICIE	S DESCRIBED	HEKEIN IS SUBJECT	J ALL IIIL ILIMIS
CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POLIC	IES. LIMITS SHOWN WATTHAT		POLICY EXP (MM/DD/YYYY)	úω	
INSR TYPE OF INSURANCE INSR	WVD POLICY NUMBER		(MM/DD/YYYY)	190.0	
A GENERAL LIABILITY X	NATIONWIDE MUTUA	AL 9/19/2013	9/19/2014	LAGITOGOGIANZIVOZ	
X COMMERCIAL GENERAL LIABILITY	FIRE)OE		PREMISES (Ea occurrence)	
CLAIMS-MADE X OCCUR	ACP GLGO 57252193	303		MED EXP (Any one person)	
OE TIMO III ISE	!			PERSONAL & ADV INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 2,000,000
A DOLLEG DED	Docum	ent is		PRODUCTS - COMP/OP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	Docum	10110 13			\$
A POLICY JECT LOC	NATIONWIDE MUTU.	AL 79/19/2013	9/19/2014	COMBINED SINGLE LIMIC (Ea accident)	1.000,000
A AUTOMOBILE LIABILITY	I FIRE I OF I	FICIAL		BODILY INJURY (Rer person)	Same Of
ANY AUTO ALL OWNED SCHEDULED	A OD DA 5705010005	41		BODILY IN TORA (Per action) PROPERTY DAMAGE (Per accident)	\$ T-
AUTOS X AUTOS	is Document is	tne prope	rty or	PROPERTY DAMAGE	Paris and Later
HIRED AUTOS AUTOS	the Lake Coun	ty Record	erl	S on	83 - 5
	NATIONWIDE MUTA			FACUOCATIBRENCE	1,000,000
A UMBRELLA LIAB X OCCUR			1 9/19/2014	AGGREGATE	1,000,000
EXCESS LIAB CLAIMS-MADE	ACP CA 5725219305				A STATE OF THE STA
DED RETENTION\$				WC STATU: OTH- TORY LIMITS LETER	5
WORKERS COMPENSATION				TORY LIMITS CHER	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE ANY PROPRIETOR/PARTNER/EXECUTIVE N/A				E.L. EACH ACCIDENT	\$
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYE	
If yes, describe under DESCRIPTION OF OPERATIONS below	<u></u>			E.L. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OF ELOCATIONS 250.			ļ		
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	TITII	IIII			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	Attach ACORD 101, Additional Remark	s Schedule, if more space	is required)		MAG COM
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ELECTRICAL CONTRACTOR					
tiz-00 M-E CASh					
M.E.					
L. SEAL SE					andle
C. A-SV					
CANCELLATION					
CERTIFICATE HOLDER CANCELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICE					CANCELLED BEFORE
	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
CITY OF WHITING	ACCORDANCE	WITH THE POLI	CY PROVISIONS.		
1443 119TH STREET					

ACORD 25 (2010/05)

WHITING, IN 46394

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