

## CERTIFICATE OF LIABILITY INSURANCE

LAMPL-1 OP ID: YS

DATE (MM/DD/YYYY)

01/16/2014

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 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 conficult to the certificate holder in lieu of such endorsement(s)

PHONE (A/C, No, Ext): E-MAIL ADDRE PRODUCER Pinnacle Insurance Group P.O. Box 907 FAX (A/C, No) Crown Point, IN 46308-0907 Mark A. Bates, CIC, CSRM, AAI NAIC # INSURER(S) AFFORDING COVERAGE INSURER A : Selective 12572 INSURER B : Builders Insurance Group LaMere Plumbing Co LLC 669 N Madison Street INSURED Crown Point, IN 46307 CIT INSURER D : INSURER E : INSURER F **CERTIFICATE NUMBER: COVERAGES 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 SUBF POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE IMAS LTR POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea DECURENCE) 1.000.000 一<u></u> 100,000 二 10,000 X COMMERCIAL GENERAL LIABILITY S2076813 05/15/2013 05/15/2014 CLAIMS-MADE X OCCUR MED EXP (Any one person) 1,000,000 PERSONAL & ADVINJURY 3,000,000 GENERAL AGGREGATE PRODUCTS - COMPLOP AGG-GEN'L AGGREGATE LIMIT APPLIES PER 3,000,000 **Jocument** is POLICY X PRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1.000.000 05/15/2013 05/15/2014 ANY AUTO
ALL OWNED AUTOS BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) This Document is the property of PROPERTY DAMAGE (PER ACCIDENT) X HIRED AUTOS \$ \$ ake County Record UMBRELLA LIAB X X 5.000.000 OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** S2076813 05/15/2013 05/15/2014 5,000,000 CLAIMS-MADE AGGREGATE \$ DED X RETENTIONS -0-WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? X WC STATU-TORY LIMITS WCV0115126-02 В 11/04/2013 11/04/2014 1,000,000 E.L. EACH ACCIDENT N/A OFFICER/MICHIBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS belo E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ \$12 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Plumbing Contractor **CERTIFICATE HOLDER** CANCELLATION LAKCO-1 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 **CROWN POINT, IN 46307** AUTHORIZED REPRESENTATIVE © 1988-2010 ACORD CORPORATION. All rights reserved.

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