## CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company 

American Family Mutual Insurance Company if selection box is not checked.

6000 American Pky Madison, Wisconsin 53783-0001

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Insured's Name and Address Lit Up Signs 9 S 122 Frontage Rd Apt 106 Willowbrook, IL 60527 Agent's Name, Address and Phone Number (Agt./Dist.)
Antonio Alanis

4403 W. 63rd St.

Chicago, IL 60629 (773) 585-3400 (078/829)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.

This certificate does not amend, extend or alter the coverage afforded by the policies listed below. COVERAGES: (1), 1 in the last to the last This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term expondition of any contract or oth 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, exclusion and conditions of such policies. **POLICY DATE TYPE OF INSURANCE POLICY NUMBER** LIMITS OF LIABILITY EXPIRATION (Mo, Day, Yr) Homeowners/ **Bodily Injury and Property Damage** Mobilehomeowners Liability Each Occurrence .000 Bodily Injury and Property Damage **Boatowners Liability** Each Occurrence 000 LATE THE Bodily Injury and Property Da Personal Umbrella Liability-.000 Each Occurrence Farm Liability & Personal Li Each Occurrence ,000 Farm/Ranch Liability Farm Employer's Liability 不是 ,000 Statutory ,000 Workers Compensation and Each Accident Employers Liability † Disease - Each Employee .000 Disease - Policy Limit Œ ,000 2,000,000 JOCUM ent 18 General Aggregate General Liability Products - Completed Operations Aggregate ,000 Commercial General Liability (occurrence) Personal and Advertising Injury .000 12-XH6007-08 07/30/2013 07/30/2014 Each Occurrence 1,000,000 Damage to Premises Rented to You Medical Expense (Any One Person) S .000 This Document is the pro ,000 ,000 Each Occurrence the Lake County Recor **Businessowners Liability** Aggregate†† ,000 .000 \$ Liquor Liability Aggregate Limit ,000 \$ **Automobile Liability** Bodily Injury - Each Person \$ 100,000 Any Auto Bodily Injury - Each Accident 300,000 ☐ All Owned Autos 12-XM4148-01-00 04/08/2014 04/08/2013 Scheduled Autos \$ 100,000 Property Damage ☐ Hired Auto ■ Nonowned Autos 300,000 Bodily Injury and Property Damage Combined \$ Excess Liability Commercial Blanket Excess \$ .000 Each Occurrence/Aggregate Other (Miscellaneous Coverages) †The individual or partners shown as insured Have Have no elected to be covered under this policy. DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate. CANCELLATION LANCE LATION THE WAS A CERTIFICATE HOLDERS NAME AND ADDRESS AND ADD Should any of the above described policies be cancelled before the City of East Chicago 30 days) expiration date thereof, the company will endeavor to mail \*( 4444 Railroad Ave written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. \*10 days unless different number of days shown. East Chicago, IN 46312 ☐ This certifies coverage on the date of issue only The above described policies are subject to cancellation ip conformity heir terms and by the laws of the state of issue. DATE ISSUED 02/27/2014

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