## ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/17/2014

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 JANE-ELLEN ANDERSON
PHONE
(A/C, No, Ext): 2197634800
E-MAIL
ADDRESS: JANE-ELLEN.ANDERSON.QYGR@STATEFARM.COM PRODUCER DAN BIZIK, AGENT FAX (A/C, Na): 2197634880 STATE FARM INSURANCE State Farm 2684 WILLOWCREEK RD PORTAGE, IN 46368 **INSURER(S) AFFORDING COVERAGE** INSURER A: State Farm Fire and Casualty Company INSURED CARL E PALMER INSURER B: 2915 DEKALB ST INSURER C: C LAKE STATION, IN 46405 INSURER D : C INSURER E: INSURER F : COVERAGES **CERTIFICATE NUMBER: 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 SUBR INSR LTR POLICY EFF POLICY EXP (MM/DD/YYYY) INSD WVD **POLICY NUMBER** COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE

DAMAGE TO RENTED

PREMISES (Ea occurrence) 1,000,000 \$ CLAIMS-MADE OCCUR 94-B5-H632-1 03/14/2014 03/14/2015 MED EXP (Any one person) 5.000 Sry Fry PERSONAC & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2,000,000 \$ **Jocument** is POLICY PRO-JECT LOC PRODUCTS COMP/OP AGG \$0 Cm OTHER: \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ ANY AUTO BODILY INJURY (Per person) This Document is the property of SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ the Lake County Recorder! PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ f yes, describe under DESCRIPTION OF OPERATIONS be E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sche dule, may be attached if more space is required) **ELECTRICAL CONTRACTOR CERTIFICATE HOLDER** CANCELLATION LAKE COUNTY PLANNING COMMISSION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE **2293 N MAIN ST** THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **CROWN POINT, IN 46307** 

AUTHORIZED REPRESENTATIVE

JANE-ELLEN M ANDERSON

Dipitally signed by JANE-ELLEN M ANDERSON, OSTATE FARM INSURANCE, Out-DAN BIZIK,
ORIOT, ontal-MANCE-ELLEN M ANDERSON, OSTATE FARM INSURANCE, Out-DAN BIZIK,
OFUS
Delay: 2014.03.17 13:40:12-4500

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ACORD 25 (2014/01)

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