

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/3/2014

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).

PRODUCER									NAME:	raren r			FΔX		
Brown Insurance Group									PHONE (A/C, No, Ext): (219) 972-6060 FAX (A/D, No): (219) 972-6055						
9105-A Indianapolis Blvd									E-MAIL ADDRES	ss: kmeyer@	brownins	grp.com			
Suite 300												DING COVERAG		NAIC #	
Highland IN 46322												al Inc-co	25135		
INSURED									INSURE	<sub>RB:</sub> Erie	Insurance	e Exchan	ge	26271	
L&S Electric Co., Inc									INSURE	RC:					
750 131st Place								INSURE				$\infty$			
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Hammond IN				1 46	327			INSURER F :				0			
						TIFIC	ATE	NUMBER:2015-2016	<u> </u>			REVISION N	UMBB <b>R/</b>		
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INSR LTR	TYPE OF INSURANCE		_	ÁDDL INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
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	X	COMMERCIAL GE	NE <u>R</u> AL	LIABILITY	Y						l	PREMISES (Ea	occurrence \$	100,000	
A		CLAIMS-MAD	E X	occui	R			PBP4360731		1/1/2015	1/1/2016	MED EXP (Any o	one person) \$	5,000	
		<b>.</b>		-		İ						PERSONAL & A	DVINJURY \$	1,000,000	
												GENERAL AG	SEGATE S	2,000,000	
	GEN	L AGGREGATE LIN	MIT APE	PLIES PE	R:			Docum	101	t is		PRODUCTS -C	ONIP/OP AGG \$	m 2,000,000	
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Α		ANY AUTO ALL OWNED	s	CHEDUL	ED /			BAP4360732	4100	1/1/2015	1/1/2016	BODILY INJURY	(Per-accide \$\)\$	<u> </u>	
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	$\vdash$	HIRED AUTOS		UTOS			11	e Lake Coun	tv R	Record	er!	(Per accident)  Underinsured me			
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	X	UMBRELLA LIAB	X	occu	R							EACH OCCURR			
A		EXCESS LIAB		CLAIM	S-MADE					1 /1 /2015	1/1/2016	AGGREGATE	\$	6,000,000	
	Ш		NTION	\$				PBP4360731		1/1/2015	1/1/2016	- MCSTAT	U- OTH-		
В		RKERS COMPENSA EMPLOYERS' LIAI			VIN							X WC STAT	TS ER		
	ANY	PROPRIETOR/PAR	TNER/E		E Y/N	N/A						E.L. EACH ACC	IDENT \$	1,000,000	
	(Mar	ICER/MEMBER EXC Idatory in NH)	ronfD,	′				Q850107904		1/1/2015	1/1/2016	E.L. DISEASE -	EA EMPLOYEE \$	1,000,000	
	If yes	s, describe under CRIPTION OF OPE	RATION	VS below								E.L. DISEASE -	POLICY LIMIT \$	1,000,000	
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DES	CRIPT	ION OF OPERATIO	NS / LO	CATIONS	S / VEHIC	CLES	Attacl	ACORD 101, Additional Remark	s Schedu	le, if more space	is required)			10	
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CE	KIIF	ICATE HOLD	EK						T	JELLA HUN					
755-3712  Lake County Planning & Building Dept Licensing division										SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
2293 N. Main St Crown Point, IN 46307									AUTHORIZED REPRESENTATIVE						
									Kare	n Meyer/I	MS				
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