

CERTIFICATE OF INSURANCE

DATE ISSUED (MM/DD/YY) 12/19/14

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000 Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY SHORT ASSOCIATES INC 2855 E DUPONT RD FORT WAYNE, IN 46825-1668 (260)482-7077				AGENT'S NO. FF2028	CO.: C ERIE INSURANCE CO.: D ERIE INSURANCE CO.: E ERIE INSURANCE ERIE INSURANCE ERIE INSURANCE CO.: F ERIE INSURANCE CO.: G FLAGSHIP CITY IN	PAFFORDING COVERAGE COMPANY PROPERTY & CASUALTY COMPANY EXCHANGE IN NOT Applicable IN NY COMPANY OF NEW YORK SURANCE COMPANY Information purposes only and confers
(260)482-7077 This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise after the terms, exclusions and conditions of insurance coverage contained in the policy(les) indicated below. The terms and conditions of the policy(les) govern the insurance coverage as applied to any given situation. Limits 5409 W 109TH AVE CROWN POINT IN 46307 CROWN POINT IN 46307						
D/B/A TCR, INC 5409 W 109TH AVE CROWN POINT, IN 46307				Ī	indicated below. The terms a the insurance coverage as shown may have been redu insurance does not consti	ing conditions of the policy(les) govern applied to any given situation. Limits iced by claims paid. This certificate of ituje a contract between the issuing ep fese ntative or producer and the
				certificate holder.	and the second	
CO AC LTR In	is to certify that policies, as indicated TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/OD/YY)	POLICY EXPIRATION		LIMITS:
EΓ	GENERAL LIABILITY	Q31 0820977	7/8/14	7/8/15	EACH OCCURRENCE 2 \$	500,000
	CLAIMS MADE OCCUR	Q51 0020777			FIRE DAMAGE (Any One Fire) \$	© 5,000
	CLAIMS MADEOCCUR				MED EXP (Any One Person) \$ PERSONAL & ADV. INJURY \$	-5 00,000
İ					GENERAL AGGREGATE \$	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROJECT LOC				PRODUCTS-COMP/OP AGG \$	1,000,000
	AUTOMOBILE LIABILITY "ANY AUTO" (OWNED, HIRED, NON-OWNED)	Do	cume	ent is	BODILY INJURY (EACH PERSON) \$ BODILY INJURY	
	OWNED	NOT	OFF	TCTA	(EACH ACCIDENT) \$ PROPERTY DAMAGE \$	
	HIRED NON-OWNED	1101	OLI	LUIA	BODILY INJURY AND	
	GARAGE	This Docum	nent is t	he prop	PROPERTY DAMAGE SS	
	EXCESS LIABILITY	the Lake	Count	Record	EACH OCCURRENCE \$	o English
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	RETENTION \$					2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
\vdash	WORKERS COMPENSATION &					STATUTORY
	EMPLOYERS LIABILITY				BODILY ACCIDENT \$	EACH ACCIDENT
					INJURY DISEASE \$	POLICY LIMIT EACH EMPLOYEE
	OTHER				0.000.00	EAGH EMIFLUTEE
E	PERMIT BOND	Q96 6160062	12/15/14	12/15/15	\$5000	
			THODER'S	1373		
			(O)			•
DES	CRIPTION OF OPERATIONS/LOCATION	S/VEHICLES/EXCLUSIONS ADDED	BY ENDORSEMEN	T/SPECIAL PROV	ISIONS	
	OPE GENERAL CONTRAC	_				-
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			W. NDIAN P	ini		
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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).						
NAME AND ADDRESS OF CERTIFICATE HOLDER LAKE COUNTY PLAN COMMISSION						
2293 N MAIN STREET					I Ma 1.	
CROWN POINT, IN 46307				•	Hurry	Juan St.
			C	_ /Y		
L EIG	6230 8/11		·		<u> </u>	Page 1 of 1