



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/11/2014

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 City Securities Insurance, LLC 8900 Keystone Crossing Suite 300 Indianapolis IN 46240		CONTACT NAME: Sh... PHONE (A/C No. Ext): (317) 844-0273 E-MAIL ADDRESS: sbragg@citysecurities.com FAX (A/C No.): (317) 972-7142	
INSURED Koorsen Fire & Security Inc 2719 N. Arlington Avenue Indianapolis IN 46218		INSURER A: Burlington Insurance 23620 INSURER B: Travelers Property & Casualty 25674 INSURER C: Continental Casualty Company 20443 INSURER D: The Travelers Indemnity Company 25666 INSURER E: Starr Surplus Lines 13604 INSURER F: St Paul Surplus Lines Ins Co 30481	

COVERAGES CERTIFICATE NUMBER: CL1492913195 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			HGL0039500	10/1/2014	10/1/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> \$25,000 Deductible						PERSONAL & ADV INJURY \$ 1,000,000
E	<input checked="" type="checkbox"/> Professional Liability			PRO262240	10/1/2014	10/1/2015	GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						Professional Liability \$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
B	AUTOMOBILE LIABILITY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ANY AUTO			8106A275143	10/1/2014	10/1/2015	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS			EX6A275143	10/1/2014	10/1/2015	Combined Single Limit \$ 1,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			6011710966	10/1/2014	10/1/2015	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP31M14943	10/1/2014	10/1/2015	Excess Liability Occ/Agg \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	UB6A275143	10/1/2014	10/1/2015	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Installation Floater			6302586M205	10/1/2014	10/1/2015	Installation Floater \$250,000
	A Ohio Stop Gap			HGL0039500	10/1/2014	10/1/2015	Acc/Emp/Pol Limit \$1M/\$1M/\$1M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

\$12.00 # 389436
E M.E
non-com

CERTIFICATE HOLDER Lake County Board of Commissioners and all Towns & Cities 105 Main Street Painesville, OH 44077	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. AUTHORIZED REPRESENTATIVE D Ostermeyer, CIC/SLB
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