

2



CEELEC1 OP ID: JW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2014

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).

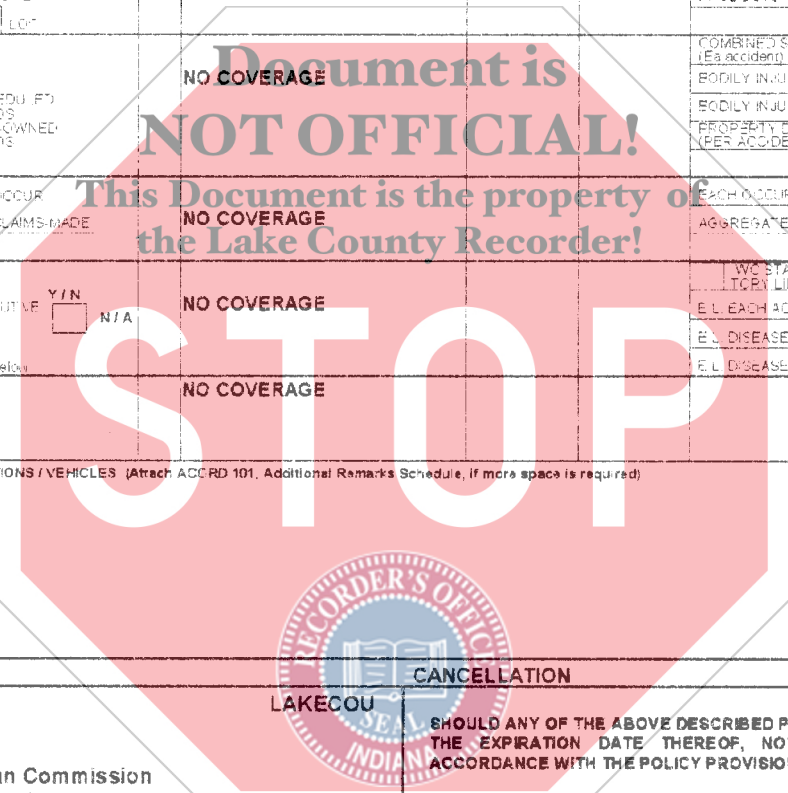
PRODUCER HUMBERT INSURANCE AGENCY, LTD. 188 INDUSTRIAL DRIVE STE #430 ELMHURST, IL 60126 Christianson Joint Venture		CONTACT NAME: PHONE: _____ FAX: _____ (A/C, No, Ext): _____ (A/C, No): _____ E-MAIL: _____ ADDRESS: _____	
INSURED C & E Electric 24929 S White Oak Ln Crete, IL 60417		INSURER(S) AFFORDING COVERAGE INSURER A: Pekin Insurance Company NAIC # 24228 INSURER B: _____ INSURER C: _____ INSURER D: _____ 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

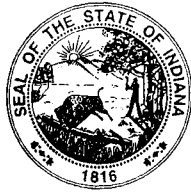
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PER-JECT <input type="checkbox"/> LOT		CL01879350	05/19/2014	05/19/2015	EACH OCCURRENCE \$ 1,000,000 EQUIP TO RENTED PREM SES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPLETING \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		NO COVERAGE			COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Ea person) BODILY INJURY (Ea person) PROPERTY DAMAGE (PER ACCIDENT)
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$	NO COVERAGE			EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ALL PROP PARTNERS/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in IN) Y/N <input type="checkbox"/> N/A DESCR: ON OF OPERATIONS below		NO COVERAGE			WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	NO COVERAGE					

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



12/14/14
 CS Non-Comp
 2014 DEC 30 AM 10:21
 LAKE COUNTY RECORDER'S OFFICE

CERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main Street Crown Point, IN 46307	CANCELLATION LAKECOU 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 <i>Sharon Desinski</i>
--------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHAEL B. BROWN
Recorder

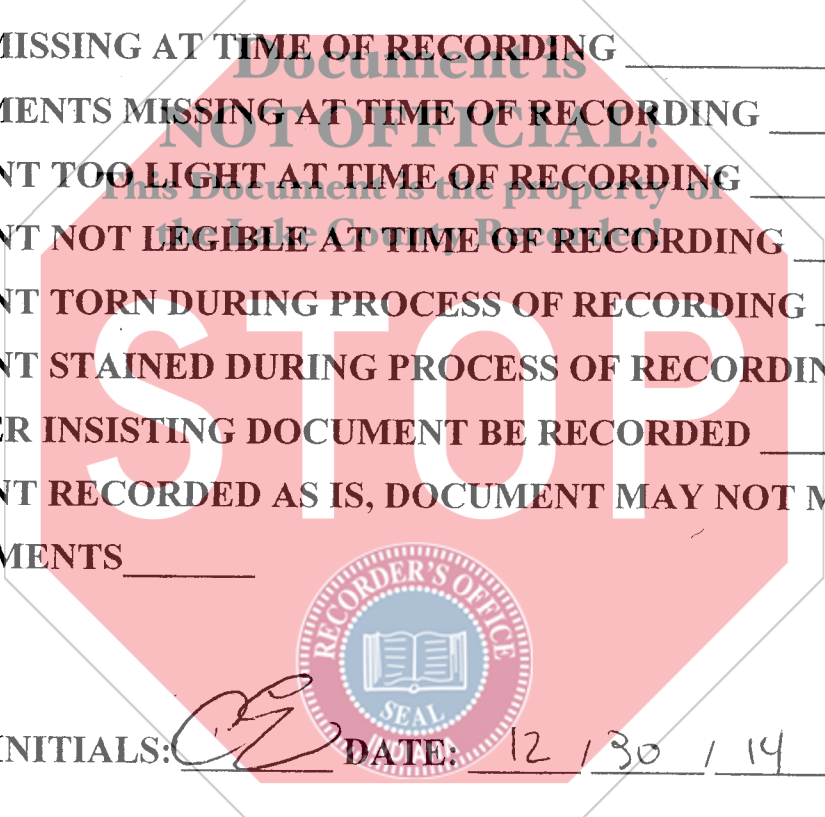


PHONE (219) 755-3730
FAX (219) 755-3257

DISCLAIMER

This document has been recorded as presented.
It may not meet with State of Indiana Recordation requirements.

- 1. STAINED DOCUMENT AT TIME OF RECORDING
2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING
3. PAGE(S) MISSING AT TIME OF RECORDING
4. ATTACHMENTS MISSING AT TIME OF RECORDING
5. DOCUMENT TOO LIGHT AT TIME OF RECORDING
6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING
7. DOCUMENT TORN DURING PROCESS OF RECORDING
8. DOCUMENT STAINED DURING PROCESS OF RECORDING
9. CUSTOMER INSISTING DOCUMENT BE RECORDED
10. DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE REQUIREMENTS



CUSTOMER INITIALS: [Signature] DATE: 12 / 30 / 14

EMPLOYEE INITIALS: AV DATE: 12 / 30 / 14