CERTIFICATE OF LIABILITY INSURANCE

REFRI-2 O

OP ID: CE

07/02/2014

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) PRODUČER Phone: 630-355-2077 Esser Haves Insurance Group FAX (A/C, No): Fax: (AIC, No, EXI): 1811 High Grove, Suite 139 Naperville, IL 60540-9100 Thomas R. Hayes ADDRESS: J INSURER(S) AFFORDING COVERAGE NAIC # 18988 INSURER A: Auto Owners Insurance INSURER B: The Hartford INSURED Refrigeration Enterprises Inc 22357 Stephen Goba INSURER C 134 E. St. Charles Rd. INSURER D Villa Park, IL 60181 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. m. ADDLISUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) C LIMITS N البالد. TYPE OF INSURANCE POLICY_NUMBER INSR. WVD GENERAL LIABILITY Document is the proper 2,000,00 EACH OCCURRENCE OF DAMAGE TO RENTED :-PREMISES (En occurrence) <u>⊐,</u> ≧300;00 07/01/2014 07/01/2015 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR MED EXP-(Any one person) $\bigcirc 2;000,00$ PERSONAL & ADV INJURY \$.. 2,000,00 GENERAL AGGREGATE 2,000,00 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-COMBINED SINGLE LIMIT (Ea accident) 1,000,00 AUTOMOBILE LIABILITY 4768541300 07/01/2014 07/01/2015 BODILY INJURY (Per person) \$ Α ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** S X PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS `\$ 2,000,00 Х UMBRELLA LIAB EACH OCCURRENCE X OCCUR 2,000,00 **EXCESS LIAB** 07/01/2015 4768541301 07/01/2014 AGGREGATE \$ CLAIMS-MADE 10000 DED X RETENTIONS X WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 500.00 83WECJV8563 07/01/2014 07/01/2015 В ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT CER/MEMBER EXCLUDED? 500,00 E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 500,00 E.L. DISEASE - POLICY LIMIT | \$ \$500 DE 07685413 07/01/2014 07/01/2015 250.000 INSTALLATION FLTR DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: HVAC CANCELLATION **CERTIFICATE HOLDER** LAKECOU SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN LAKE COUNTY PLAN COMMISSION ACCORDANCE WITH THE POLICY PROVISIONS. 2293 N MAIN ST. **CROWN POINT, IN 46307** AUTHORIZED REPRESENTATIVE