

CERTIFICATE OF LIABILITY INSURANCE

DATE (MIM/DD/YYYY) 07/17/2015

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.

RODUCER	ite holder in lieu of such endorsemen	401	- 19	ONTACT Hammo	nd National	Company		
Hammond Netional Company Inc.				PHONE CAPC, No. Extl: 219-931-4000 PAC, No. Extl: 219-931-4004				
5248 Hohman Avenue Hammond, IN 46329			H	EMAIL ADDRESS: PRODUCER OF B&APOUT				
			H					
			۲		SURER(S) AFFOR	DING COVERAGE	T	NAIC #
HEURED B&A Plumbing				INSURER A : Liberty Mutual Insurance				
8735 N 500 West				INSURER 8:				
	Lake Village, IN 46348			INSURER C:			O,	
			Ţ.	NSURER D :			_ &	
				NSURER E:			୍ର ।	
				NEURER F:			9	
OVERA	GES CERTIFIC	ATE NUMBE	ROCUITI	tent 1s		REVISION NUMBER		
INDICAT CERTIFI EXCLUS	TO CERTIFY THAT THE POLICIES OF II TED. NOTWITHSTANDING ANY REQUIR ICATE MAY BE ISSUED OR MAY PERTA SIONS AND CONDITIONS OF SUCH POLICIES.	EMENT TERM AIN, THE INSU MES. LIMITS SI	OR CONDITION (OF ANY CONTRACT D BY THE POLICIE SEEN REDUCED BY	TOR OTHER (ES. DESCRIBE(PAID CLAIMS.	OCCUMENT WITH RES HEREIN IS SUBJECT	PECT TO W	HICH THIS IE TERMS,
ISR TR	TYPE OF INSURANCE WERE						MATS	500,00
'	COMMERCIAL GENERAL LIABILITY	the La CP 4873	ake Coun	08/10/2015	06/10/2016	DAMAGE O RENTED PREMISES (Ea occurrence)		50,00
 -	CLARMS-MADE X OCCUR					MED EXP (Any one person) PERSONAL & ADV INJURY		500;00
H-						GENERAL AGGREGATE		1,000,0
GEN!	LAGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMPIOPA		9,000.0
	POLICY PRO-						3	
	POLICY JECT LUC					COMBINED SINGLE LANCE		5-5
	ANY AUTO					(EB SCOOK)		Sent test tory
\Box	ALL OWNED AUTOS					BODILY INJURY (Per pers	100	
_	SCHEDULED AUTOS		2000			PROPERTY DAMAGE		racer'
\vdash	HIRED AUTOS		TITODER!	Som		(PER ACCIDENT)	5	
	NON-OWNED AUTOS		ALCO.	TO E			8	
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	UMERELLA LIAB OCCUR					EACH OCCURRENCE		
	EXCEBS LIAB CLAIMS-MADE		E M. SEA			AGGREGATE	\$	
	DEDUCTIBLE		THE MOUNT	14 . 14.12			3	
	RETENTION \$		WALL THE STREET	Hint			13	
	EKERS COMPENSATION SMI'LOYERS' LIABILITY			/		WC STATU- TORYLIMIS	ER	
	PROPRIETOR/PARTNÉR/EXECUTIVE N/A					E.L. EACH ACCIDENT	3	
(Mari	idatory in NH)					E.L. DISEASE - EA EMPLO		
DES	describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY L	MIT \$	
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							- +) 1 100°
DESCRIPTI PLUMBI	ION OF OPERATIONS / LOCATIONS / VEHICLES (ER	Attach AGORD 10	11, Additional Remarks (Schedule, if more speci	is required)		101 Wh) <u>ρυ</u> Λ η (υπ sh
^CDT/F	CATE HOLDER			CANCELLATIO	N		<u>_</u> _	
VERTIF	LAKE COUNTY PLAN COMN 2293 N. Main	IISSION	LAKEC13	SHOULD ANY O	F THE ABOVE	DESCRIBED POLICIES I MEREOF, NOTICE WI ICY PROVISIONS.	BE CANCELI LL BE DE	LED BEFORE LIVERED IN
	Crown Point, IN 46307			AUTHORIZED REFRE	SENTATIVE	20 0		