ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DQ/YYYY)

10/08/2015

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.

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).

Ham 5248 Ham Vale	DUCER nmond National Company Inc 8 Hohman Avenue nmond, IN 46320 erie Kocolowski  JRED Elec-Trific  8080 Rhode Cour Dyer, IN 46311			PHONE (A/C, No. Ext): 219-931 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: ELEC	T-3 RER(S) AFFORD	IAG NO):	219-931-4004 NAIC #
				INSURER D:			
				INSURER E :		<u>N</u>	
CO	VERAGES	CERTIFICATE	NUMBER:	INSURER F:	F	REVISION NUMBER:	
TI IN C	HIS IS TO CERTIFY THAT THE NDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED EXCLUSIONS AND CONDITIONS	FOLICIES OF INSUR 3 ANY REQUIREMEN DR MAY PERTAIN, DF SUCH POLICIES	ANCE LISTED BELOW HA IT TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIES BEEN REDUCED BY	THE INSURED OR OTHER DESCRIBED AID CLAIMS.	NAMED ABOVE FOR TH	E POLICY PERIOD T TO WHICH THIS ALL THE TERMS,
INSR LTR	TYPE OF INSURANCE	INSE MAD	Document	the www.	MANADO (P)	S IMIT	500,000
<b>A</b>	X COMMERCIAL GENERAL LIABIL	ity t	agamalangsour		20/2016	EACH OCCURRENCE DAMAGE TO HENTED PREMISES (Expective or second MED EXPLANATION AND PRESCRIPTION PERSONAL'S ADV INJURY	300,000 10,000 500,000
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	· · · · · ·	AIMS-MADE				AGGREGATE	. <del> </del>
	DEDUCTIBLE RETENTION_\$		Edden, NOI	ANA um			\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECU OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS he	_	132799515142192181	05/22/28/15	05/22/2016	E.L. DISEASE - POLICY LIMIT	\$ 100,000 \$ 500,000 \$ 100,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)    CANCELL ATION							

CERTIFICATE HOLDER

CANCELLATIO

LAKEC-7

Lake County Plan Commission 2293 North Main Crown Point, IN 46307 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE OBLIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIUM REPRESENTATIVE Valerie Kongolowski

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