



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/15/2015

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).

PRODUCER Pence Brooks Bolander & Shepherd Insurance 802 East Main Street PO Box 825 Greenfield IN 46140-0825	CONTACT NAME: Emily Tevebaugh
	PHONE (A/C, No, Ext): (317) 462-9204 FAX (A/C, No): (317) 462-7284
INSURED Apex Electric And Sign, Inc. 238 N Main St Maxwell IN 46154	INSURER(S) AFFORDING COVERAGE
	INSURER A: Liberty Mutual
	INSURER B: AIG Property Casualty Company
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL1543035269 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BKS56625304	4/29/2015	4/29/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Contractual Liability		<input checked="" type="checkbox"/>				MED EXP (Any one person) \$ 15,000
	<input checked="" type="checkbox"/> XCU						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMPO AGG \$ 2,000,000
OTHER:							
A	AUTOMOBILE LIABILITY			BAS56625304	4/29/2015	4/29/2016	COMBINED SINGLE LIM (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	PROPERTY DAMAGE (Per accident) \$						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	USO56625304	4/29/2015	4/29/2016	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 5,000,000
	DED		RETENTION \$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			019609713	4/29/2015	4/29/2016	<input checked="" type="checkbox"/> PER STATE WITH
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEES \$ 1,000,000
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
A	Installation Floater			BKS56625304	6/15/2015	4/29/2016	Amount \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Named as additional insured: County of Board of Commissioners of Lake County

Bond: B0588905  
 Amount: \$5,000  
 Effective: 10/15/2015-10/15/2016

<b>CERTIFICATE HOLDER</b>  County of Board of Commissioners of Lake County State of Indiana & any Cities, Town & Municipalities 2293 N Main Street Crown Point, IN 46307-1854	<b>CANCELLATION</b>  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  E Tevebaugh/ETEVEB <i>Emily Tevebaugh</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)  
INS025 (201401)

The ACORD name and logo are registered marks of ACORD

2015 OCT 15 PM 3:14  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 MICHAEL BROWN  
 RECORDER

1 (copy) 1200  
 non-com  
 #12483  
 M.E