



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/13/2015

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).

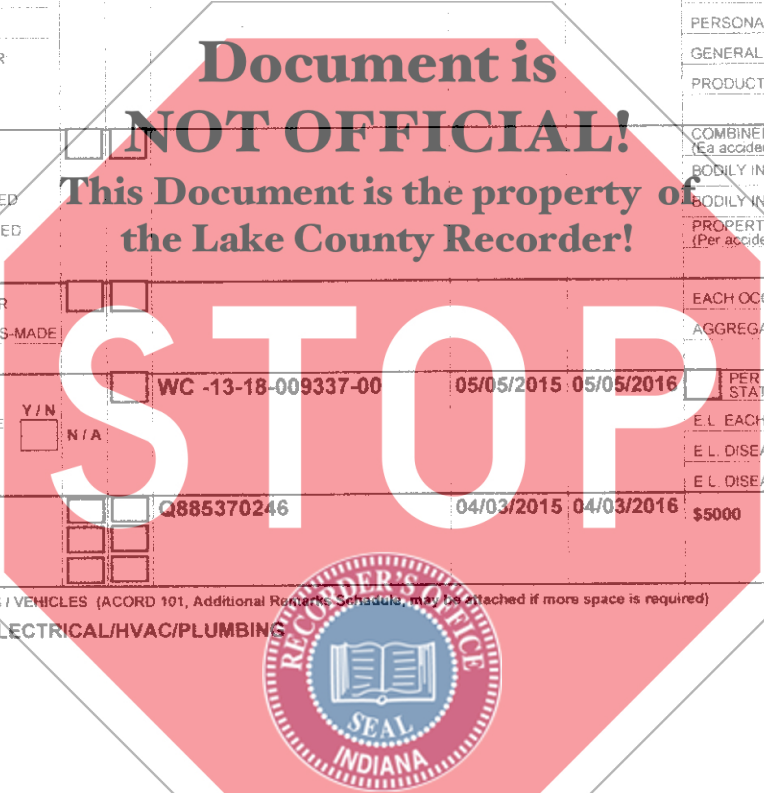
PRODUCER <b>Affordable Insurance Inc</b> 1512 South Heaton St Knox IN 46534	CONTACT NAME: <b>Rhonda Ammons</b>	FAX (A/C, No): <b>774-772-7831</b>
	PHONE (A/C, No, Ext): <b>574-772-5370</b>	E-MAIL ADDRESS: <b>a.insurance@mchsi.com</b>
INSURED <b>STV CONSTRUCTION</b> 1938 PATTI LANE SCHEREVILLE IN 46375	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>SCOTTSDALE</b>	NAIC #
	INSURER B: <b>NCCI</b>	
	INSURER C: <b>ERIE</b>	
	INSURER D:	
	INSURER E:	

2015 071842

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			<b>CPS185036</b>	<b>10/13/2015</b>	<b>10/13/2016</b>	EACH OCCURRENCE: \$ <b>1,000,000</b> DAMAGE TO PREMISES (Each occurrence): \$ <b>100,000</b> MED EXP (Any one person): \$ <b>5,000</b> PERSONAL & ADJ INJURY: \$ <b>1,000,000</b> GENERAL AGGREGATE: \$ <b>2,000,000</b> PRODUCTS - COMPROP AGG: \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Each accident): \$ BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE: \$ AGGREGATE: \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	<b>WC -13-18-009337-00</b>	<b>05/05/2015</b>	<b>05/05/2016</b>	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT: \$ <b>500,000</b> E L DISEASE - EA EMPLOYEE: \$ <b>100,000</b> E L DISEASE - POLICY LIMIT: \$ <b>500,000</b>
C	<b>LICENSE &amp; PERMIT BOND</b>			<b>Q885370246</b>	<b>04/03/2015</b>	<b>04/03/2016</b>	\$5000



DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**GENERAL CONSTRUCTION INC/ELECTRICAL/HVAC/PLUMBING**

CERTIFICATE HOLDER <b>Lake County Plan Commission</b> Planning Bldg Dept 2293 N Main St Crown Point In 46307	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
12-nurcm CS RV	AUTHORIZED REPRESENTATIVE <i>Rhonda Ammons</i>