

CERTIFICATE OF LIABILITY INSURANCE

CENTS-1

OP ID: NT

DATE (MM/DD/YYYY) 09/29/2015

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.

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).

	ODUCER	l N		ller Produc		
Spi	oitz Miller White Havens Ins 1 W. Columbia Ave	P	HONE VC. No. Ext): 219-92	4-8700	FAX (A/C, No): 219-92	24-8770
lGri	iffith, IN 46319	E	E-MAIL ADDRESS:			
Spi	pitz Miller Producer		INS	URER(S) AFFOR	RDING COVERAGE	NAIC #
	1/	IN			nce Companies	
INSURED Centsible Heating			INSURER B:			
	& Air Conditioning LLC		SURER C:	_	CJI	
1	402 N. Broad		ISURER D :			
	Griffith, IN 46319		ISURER E :		0	
	· ,		ISURER F :			
	OVERAGES CERTIFICATE		ISUKEK F :		REVISION NUMBER:	
II	THIS IS TO CERTIFY THAT THE POLICIES OF INSUR INDICATED. NOTWITHSTANDING ANY REQUIREMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, I EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. I	ANCE LISTED BELOW HAVE NT, TERM OR CONDITION OF THE INSURANCE AFFORDED	F ANY CONTRACT BY THE POLICIES	THE INSURE OR OTHER I S DESCRIBED	D NAMED ABOVE FOR THE POLI DOCUMENT WITH RESPECT TO V D HEREIN IS SURJECT TO ALL T	VHICH THIS
INSF				POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		2,000,000
^		BOP2766406	10/01/2015	10/01/2016	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000
	CLAIMS-MADE X OCCUR	BUP2/00400	10/01/2015	10/01/2010		_
					MED EXP (Any one person) \$	2,000,000
		/			PERSONAL CADV INTERY\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:	Documen	nt is		GENERAL AGGREGATE	4,000,000
	POLICY PRO- JECT LOC	Docume	110 15		PRODUCTS COMPTOP AGG S	4,000,000
	OTHER:	OT OFFI	CTAT		COMPUTED TO A SHARE	4 000 000
	AUTOMOBILE LIABILITY	OIOTTI	CIAL			1,000,000
Α	X ANY AUTO SCHEDULED This I	BAP2388260 Document is the	10/01/2015	10/01/2016	BODIL (HyJURY (Per person) \$	
	I AUTOS I AUTOS				PROPERTY DAMAGE	
	HIRED AUTOS NON-OWNED AUTOS	e Lake County	Kecorder	!	(Per accident)	
		<u></u>			10 S S	
	X UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$	1,000,000
Α	EXCESS LIAB CLAIMS-MADE	CXS2120755	10/01/2015	4040440040	AGGREGATE \$	
	DED RETENTION \$				\$	_
	WORKERS COMPENSATION				X PER OTH- STATUTE ER	
A	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	NCP2218370	10/01/2015 10	10/04/0040		500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE \$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			İ	E.L. DISEASE - POLICY LIMIT \$	500,000
	DESCRIPTION OF OPERATIONS DELDW				The state of the s	
		ROER'S O				
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD OF AC CONTRACTOR	101, Addition Revierse Schedule, of	ncy be attached if more	space is require	d)	
CE	RTIFICATE HOLDER	C	ANCELLATION			
	Lake County Planning Commissio n 2293 North Main Street	NOW CON	THE EXPIRATION ACCORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CANCELLE REOF, NOTICE WILL BE DELI Y PROVISIONS.	ED BEFORE IVERED IN
	Crown Point, IN 46307	nom	Richal (Me	ng		
					D CORPORATION. All rights r	reserved.

ACORD 25 (2014/01)

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