



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/9/2015

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.

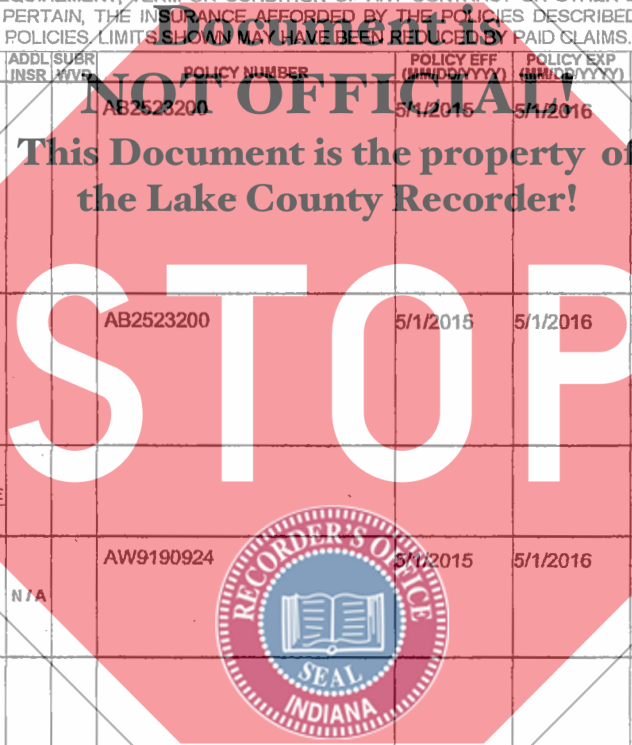
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIONEL J CHAVEZ (13703) 30 S ASH FRANKFORT, IL 60423-0000	CONTACT NAME: LIONEL J CHAVEZ
	PHONE (A/C, No, Ext): 815-464-0219 FAX (A/C, No): 815-464-0237
	E-MAIL ADDRESS: LIONEL.CHAVEZ@COUNTRYFINANCIAL.COM
	INSURER(S) AFFORDING COVERAGE
INSURED 3367342 V AND L HTG AND COOLING INC % FRANKIEWICZ VICTOR 10350 PRAIRIE SCHOONER DR FRANKFORT, IL 60423	INSURER A: COUNTRY Mutual Insurance Company NAIC # 20990
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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 SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE- <input checked="" type="checkbox"/> OCCUR		AB2523200	5/1/2015	5/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occur) \$ 100,000 MED EXP (Any one pd) \$ 5,000 PERSONAL & ADV INJUR \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		AB2523200	5/1/2015	5/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per f) \$ BODILY INJUR (Per a) \$ PROPERTY DA (Per accid) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCC AGGREGA
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	AW9190924	5/1/2015	5/1/2016	<input checked="" type="checkbox"/> WC SH TOR E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOY \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000



2016 JAN 05 11:51 AM
2016 JAN 05 11:51 AM
MICHIGAN
BROWN
PM 2:35
RECORD
INDIAN
COUNTY
RECORD

STAT
FILED
100,000
100,000
500,000

CAST
IDW
NOW-COM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
WORKERS COMPENSATION EXCLUSIONS:
PROPRIETOR, PARTNER(S), EXECUTIVE OFFICER(S), MEMBERS(S) IS/ARE EXCLUDED ON WORKERS COMPENSATION BY ENDORSEMENT.

CERTIFICATE HOLDER COUNTY OF LAKE BOARD OF COMMISSIONERS 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. AUTHORIZED REPRESENTATIVE <i>Douglas M Bax</i>
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