

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/9/2016

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).

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PRODUCER		-	CONTACT Temple Harlow			
Crowel Agency, Inc.			PHONE (A/C, No, Ext): (219) 923-2131	FAX (A/C, No): (219) 972-5209		
8244 Kennedy Avenue			E-MAIL ADDRESS: tch@crowelinsurance.com			
			INSURER(S) AFFORDING COVERAGE	NAIC#		
Highland	IN	46322	INSURER A: Scottsdale Insurance Comp	any		
INSURED			INSURER B:			
Ricardo Perez dba			INSURER C:			
Ricks Handyman Servic	е		INSURER D:			
2916 New Jersey St.			INSURER E :			
Lake Station	IN	46405	INSURER F:	(D)		
COVERAGES CERTIFICATE NUMBER: 2016 to 2017 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 OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS						

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS										
1	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,									
		LUSIONS AND CONDITIONS OF SUCH			HOWN MAY H	AVE BEEN P	REDUCED BY			
INS	R	TYPE OF INSURANCE	ADDÉ SU INSD W	UBR VID	POLICY NUMBER POLICY EXP		(MM/DD/YYYY)	LIMITS		
Γ	Х	COMMERCIAL GENERAL LIABILITY			cument	ic the	22020	etyr of	EACH OCCURRENCE	\$ 500,000
,		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
٦				theols	ake Coi	unty F	econde	16,9/2017	MED EXP (Any one person)	\$ 5,000
l		( - )							PERSONAL & ADV INJURY	\$ 500,000
l	G	EN'L AGGREGĂTE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 1,000,000
	X								PRODUCTS - COME/OP AGG	\$ 1,000,000
		OTHER:							Employee Benefits	\$00
Г	A	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	35
		ANY AUTO							BOL NURY (Fer person)	- S- C-
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	TSC:		
١		AUTOS AUTOS NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE C	
l						or III De			H 교 교 공설	
Г		UMBRELLA LIAB OCCUR			TUTU	ER'S			EACH SGURRENCE	\$7.
l		EXCESS LIAB CLAIMS-MADE			STORE.				AGGREGATE 70	\$
1		DED RETENTION \$				=>= <b>n</b> ¥			2 O C	\$
Γ		ORKERS COMPENSATION						/:	PER OTH-	
AND EMPLOYERS' LIABILITY  ANY PROPRIETORIPAPTICE/EXPECTITIVE  F   FACH ACCIDENT   \$										
OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  E.L. DISEASE - EA EMPLOYEE \$								\$		
	Ìf	yes, describe under ESCRIPTION OF OPERATIONS below			Tonin.	DIANA			E.L. DISEASE - POLICY LIMIT	\$
Г										
		` <b>∢</b> ⊁	1 1							
1										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Residential Contractor

12-515

CERTIFICATE HOLDER	CANCELLATION				
(219)963-9275  City of Lake Station 1969 Central Avenue Lake Station, IN 46405-2059	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
hake Station, in 40403-2039	AUTHORIZED REPRESENTATIVE				
	Temple Harlow/TEMPLE Lenger Harlow				

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