

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/06/2016

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 line of confer and conditions of the policy, certain policies may require an endorsement.

in lieu of such endorsement(s).							
	DUCER	CONTACT NAME: CLIENT CONTACT CENTER					
	ERATED MUTUAL INSURANCE COMPANY ME OFFICE: P.O. BOX 328	PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664					
	ATONNA, MN 55060	F-MAII					
	1	ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM INSURER(S) AFFORDING COVERAGE NAIC #					
	4.	INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935					
INSUR	RED	INSURER B:					
	ELECTRIC INC	INSURER C:					
8172 N 279 WEST LAKE VILLAGE, IN 46349			INSURER D:				
EARL VILLAGE, IN 10019			INSURER E:				
·			INSURER F:			යා ප	
	/ERAGES CERTIFICATE NUMBER: 7				ILL VIOLOTT HOMBER. O	<u> </u>	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE HISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE FOLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT TERM OF 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. INSTR. TYPE OF INSURANCE ADD SUBSET OF INSURANCE POLICY FOR THE POLICY PERIOD NAMED NAM							
INSR LTR	Commence of the state of the st		(MM/DD/YYYY)		LIMITS	\$1,000,000	
	COMMERCIAL GENERAL LIABILITY This Docus	ment is	the prop	erty of	EACH OCCURRENCE	\$1,000,000 \$100,000	
	CLAIMS-MADE X OCCUR	e Coun	tv Record	ler!	PREMISES (Ea occurrence) MED EXP (Any one person)	22	
Α	A BUSINESS OWNER'S LIABILITY	6697	05/24/2016	05/24/2017	PERSONAL & ADV INJUR	\$1,000,000	
••	GEN'L AGGREGATE LIMIT APPLIES PER:	-	00/2 11/20 10	00/2 //2011	GENERAL AGGREGATE	\$2,000,000	
	X POLICY PRO- JECT LOC				PRODUCTS - COMPIOP ACC.	\$2,000,000	
	OTHER:				27-	, 000 m	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LINES CO	\$1,000,000	
	X ANY AUTO	~.			BODILY INJURY (Per person)	= m==	
Α		4014	05/24/2016	05/24/2017	BODILY NJURY (Per accident)	6 C-C-	
	HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	en 25 5	
					9 ap.	မ	
	UMBRELLA LIAB OCCUR	TUDER	STORY		EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-MADE	STO CO			AGGREGATE		
	DED RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				X PER STATUTE OTH-	· .	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	5EA	05/2 4/2016	0 5/24/2017	E.L. EACH ACCIDENT	\$500,000	
	(Mandatory in NH)	Very MOIA	NA JUNE 172010	0312-1/2011	E.L. DISEASE - EA EMPLOYEE	\$500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below		Him		E.L. DISEASE - POLICY LIMIT	\$500,000	
						M.Z	
					/((q^{r})	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) SCOPE OF WORK - ELECTRICAL CONTRACTING							
#17780							
"non-com							
CERTIFICATE HOLDER CANCELLATION							
226	226-513-0 7 0						
LAKE CTY PLANNING COMMISSION 2293 N MAIN ST CROWN POINT, IN 46307-1854 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 REPRES	THORIZED REPRESENTATIVE				