

CERTIFICATE OF INSURANCE

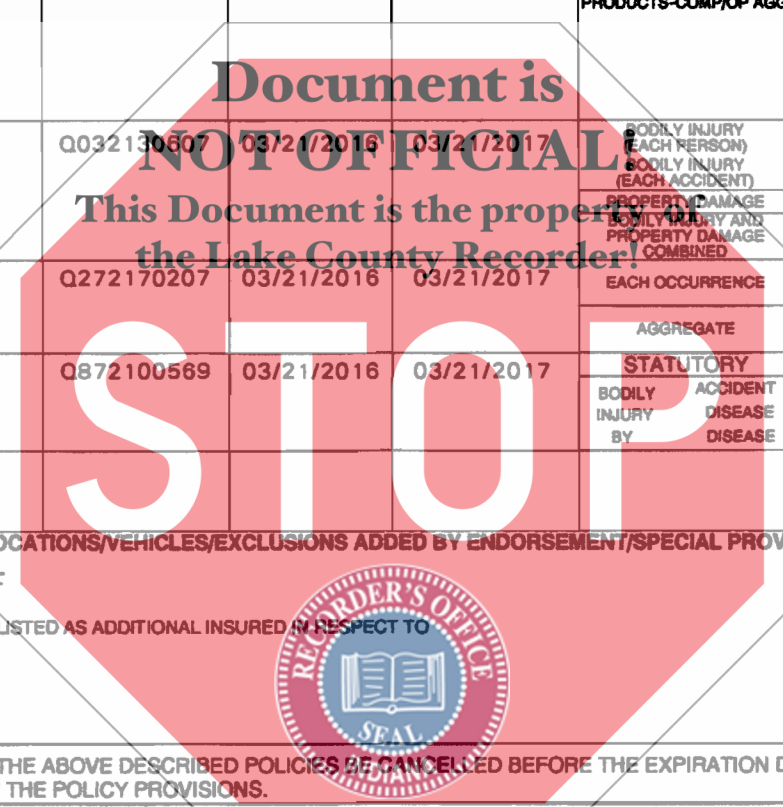
- THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY -

AGENT COPY

NAME AND NUMBER OF AGENCY WESOLOWSKI INSURANCE AGY LLC 218 S TAYLOR ST SOUTH BEND, IN 46801-2509	FF2170 574-233-5638	DATE ISSUED 06/08/2016	NAME AND ADDRESS OF CERTIFICATE HOLDER LAKE COUNTY PLAN COMMISSION 2293 N MAIN ST CROWN POINT IN 46307-
--	------------------------	----------------------------------	---

This is to certify that policies, as indicated by Policy Number below, are in force for the Named Insured at the time that the certificate is being issued.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS OF INSURANCE
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY OCCURRENCE FORM GEN'L AGGREGATE LIMIT APPLIES PER PROJECT ADDITIONAL INSURED	Q422150563	06/21/2016	06/21/2017	EACH OCCURRENCE \$ 1000000
				FIRE DAMAGE (Any one premises) \$ 1000000
				MED EXP (Any one person) \$ 10000
				PERSONAL & ADV INJURY \$ 1000000
				GENERAL AGGREGATE \$ 2000000
				PRODUCTS-COMP/OP AGG \$ 2000000
AUTOMOBILE LIABILITY ANY AUTO (OWNED, HIRED, NON-OWNED)	Q032130607	03/21/2016	03/21/2017	BODILY INJURY (EACH PERSON) \$ BODILY INJURY (EACH ACCIDENT) \$ PROPERTY DAMAGE \$ BODILY INJURY AND PROPERTY DAMAGE COMBINED \$
EXCESS LIABILITY OCCURRENCE FORM	Q272170207	03/21/2016	03/21/2017	EACH OCCURRENCE \$ 500000 AGGREGATE \$ 500000
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	Q872100569	03/21/2016	03/21/2017	STATUTORY BODILY INJURY BY ACCIDENT \$ 50000 EACH ACCIDENT POLICY LIMIT DISEASE \$ 50000 DISEASE \$ 50000 EACH EMPLOYEE
OTHER				



2016

055685

2016 AUG 17
MICHAEL J. RECORDED

FILED FOR RECORD

12c
del. 10/6/75
non-CD
non-CD
non-CD



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 Electrical Contractor
 LAKE COUNTY PLAN COMMISSION IS LISTED AS ADDITIONAL INSURED IN RESPECT TO GENERAL LIABILITY POLICY

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.

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).

THIS CERTIFICATE IS ISSUED FOR INFORMATION PURPOSES ONLY AND CONFERS NO RIGHTS ON THE CERTIFICATE HOLDER. IT DOES NOT AFFIRMATIVELY OR NEGATIVELY LIST, AMEND, EXTEND OR OTHERWISE ALTER THE TERMS, EXCLUSIONS AND CONDITIONS OF INSURANCE COVERAGE CONTAINED IN THE POLICY(IES) INDICATED ABOVE. THE TERMS AND CONDITIONS OF THE POLICY(IES) GOVERN THE INSURANCE COVERAGE AS APPLIED TO ANY GIVEN SITUATION. LIMITS SHOWN MAY HAVE BEEN REDUCED BY CLAIMS PAID. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND CERTIFICATE HOLDER.

ERIE INSURANCE GROUP

SEE REVERSE SIDE

AUTHORIZED REPRESENTATIVE

Marc Cipriani