

CERTIFICATE OF INSURANCE

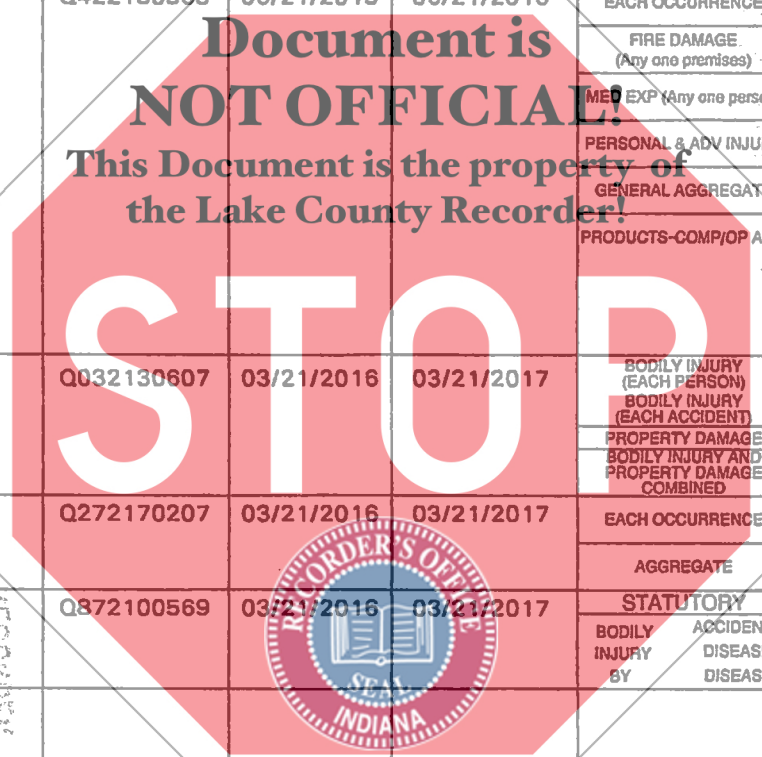
- THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY -
 AGENT COPY

NAME AND NUMBER OF AGENCY WESOLOWSKI INSURANCE AGY LLC 216 S TAYLOR ST SOUTH BEND, IN 46601-2909 FF2170 574-233-5638	DATE ISSUED 02/20/2016
NAME AND ADDRESS OF NAMED INSURED ELITE ELECTRICAL LLC * 50654 TEALL RD BRISTOL IN 46507-9766	NAME AND ADDRESS OF CERTIFICATE HOLDER LAKE COUNTY PLAN COMMISSION 2293 N MAIN ST CROWN POINT IN 46307-

2017 001129

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	06/21/2015	06/21/2016	EACH OCCURRENCE \$ 100000	
				FIRE DAMAGE (Any one premises) \$ 100000	
				MED EXP (Any one person) \$ 10000	
				PERSONAL & ADV INJURY \$ 500000	
				GENERAL AGGREGATE \$ 500000	
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 \$ 100000	
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	EACH EMPLOYEE
OTHER					



2017 JAN 26 AM 9:51
 FILED FOR RECORD
 RECORDER

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

*GL-17069
 to
 Now-EX
 2 copies*

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*