



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/13/2017

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.

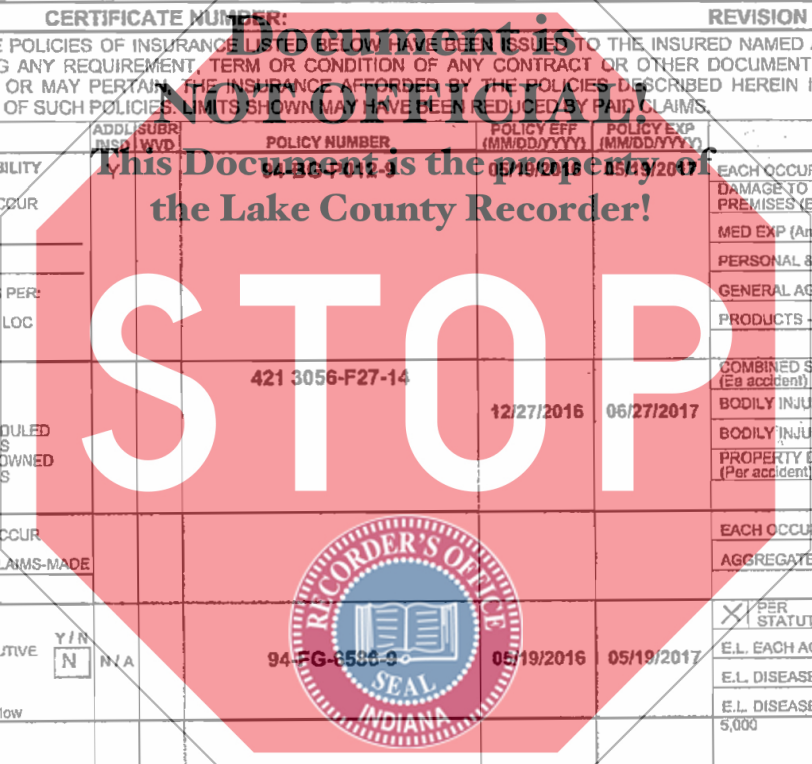
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in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

PRODUCER	Townsend Insurance Agency Inc. 3730 W. 80th Lane Merrillville, IN 46410	CONTACT NAME: Andrea Wisor	PHONE (A/C No. Ext.): (219)769-4261	FAX (A/C No.): (219)769-2711	
			E-MAIL ADDRESS: andrea.wisor.c2pg@statefarm.com		
INSURED	A-1 Affordable sign and neon co., INC 534 Conkey St Hammond, IN 46324	INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: State Farm Fire and Casualty Company			25143
		INSURER B: State Farm Mutual Automobile Insurance Company			25178
		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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		421 3056-F27-14	12/27/2016	06/27/2017	2,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					250,000
	OTHER:					500,000
	AUTOMOBILE LIABILITY					250,000
	<input checked="" type="checkbox"/> ANY AUTO					500,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				100,000
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				
	DED	RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		94-FG-6586-9	05/19/2016	05/19/2017	500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				500,000
	Surety Bond		94-L7-2454-1	02/18/2017	02/18/2018	5,000



FILED FOR RECORD
LAKE COUNTY
INDIANA
MAR 6 2017

CK# \$12
11445
COMF

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Sign Builder and Installer

CERTIFICATE HOLDER: Lake County Plan Commission
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: *[Signature]*