

## CERTIFICATE OF LIABILITY INSURANCE

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

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03/10/2016

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(les) 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 conferrights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT David Slocum Suburban Insurance Agencies PHONE: (AIC, No, Ext): 630-325-4000 E-MAIL ADDRESS: dslocum@sub-ins.com No: 630-325-4025 16 W 241 S. Frontage Rd. Burr Ridge, IL 60527 David Slocum INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Liberty Mutual Insurance Co. 23043 INSURED Chicago Heights Carrier Electr INSURER B 2713 Jackson Avenue INSURER C South Chicago Heights, IL 60411 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.

RELEVANCE MADE SUCH POLICIES AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE P.000,000 X COMMERCIAL GENERAL LIABILITY Α CLAIMS-MADE X OCCUR TEO BY My TE POISON S THE 15,000 This Document is the property **立い**中000,000 \$ 2 2 000,000 - POLNIAGE the Lake County Recorder! GENERAL ASSITEGATE GEN'L AGGREGATE LIMIT APPLIES FER £ ⊃⊆ **Z**000,000 POLICY X PRO-PRODUCTS OMRYOP AGE \$ QTHER: OMBINED SINGLE LIMIT V < 3,000,000 AUTOMOBILE LIABILITY (Ea accident) 03/15/2016 03/15/2017 BODILY INJURY (Per person) \$ BA8617298 Х ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Х HIRED AUTOS X UMBRELLA LIAB 5,000,000 EÁCH OCCURRENCE **occ**ur EXCESS LIAB JSO55403973 03/15/2016 03/15/2017 5,000,000 Α AGGREGATE CLAIMS MADE 10.000 DED X RETENTION \$ WORKERS COMPENSATION X STATUTE AND EMPLOYERS' LIABILITY WC8617998 **93/45/2016** | 03/15/2017 1,000,000 E.L. EACH ACCIDENT ANY PROPRIETORIPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ Mandatory in NH) f yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Electrical Contractor CANCELLATION **CERTIFICATE HOLDER** LAKEC01 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Lake County Plan Commission** 

2293 N. Main St.

Crown Point, IN 46307

AUTHORIZED REPRESENTATIVE

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