FEDERATED MUTUAL INSURANCE COMPANY

FAX 100 FOT 446 4564



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/28/2017

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 have ADDITIONAL INSURED provisions or 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).

CONTACT NAME:

PHONE 999 222 4040

CLIENT CONTACT CENTER

HOME OFFICE. P.O. BOX 328			
OWATONNA, MN 55060	ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM		
	INSURER(S) AFFOI	RDING COVERAGE	NAIC#
	INSURER A: FEDERATED MUTUA	LINSURANCE COMPANY	13935
INSURED 370-488-9	INSURER B:		
LOVINGS HEATING AND COOLING INC 2593 HAMSTROM RD	INSURER C:		
PORTAGE, IN 46368-3001	INSURER D:	- 1	
	INSURER E:		
	INSURER F:	a	
COVERAGES CERTIFICATE NUMBER: 21		REVISION NUMBER	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOOTHE 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 ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP	Qimits	
	s the property of	EACH OCCURRENCE	\$1,000,000
		DAMAGE TO RENTED PREMISES (Ea accurrence)	\$100,000
the Lake Cour	nty Recorder!	MED EXP (Any one person)	EXCLUDED
A N N 6053550	08/23/2017 08/23/2018	PERSONAL & ADVINJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER		GENERAL AGGREGATE	\$2,000,000
X POLICY PRO-		PRODUCTS - COMPTOP ADD	\$2,000,000
OTHER:			
AUTOMOBILE LIABILITY			61,000,000
X ANY AUTO		BODILY INJURY IPer person	
SCHEDULED	00/00/00/0		nm _o
NON-OWNED	08/23/2017 08/23/2018	777.57	
HIRED AUTOS ONLY AUTOS ONLY		PROPERTY DAMAGE	
	W.	기선 조	m2.0
X UMBRELLA LIAB X OCCUR	R's Con	EACH OCCURRENCE	<u></u>
A EXCESS LIAB CLAIMS MADE N N 6053551	09/28/2017 08/23/2018	AGGREGATE -	
DED RETENTION	C ICE	(A)	
WORKERS COMPENSATION		X PER STATUTE OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		E.L. EACH ACCIDENT	\$500,000
A OFFICER/MEMBER EXCLUDED? N/A N 6053552 (Mandatory in NH)	08/23/2017 08/23/2018	E.L. DISEASE - EA EMPLOYEE	\$500,000
If yes, describe under	ANAmin	E.L. DISEASE . POLICY LIMIT	<u>`</u>
DESCRIPTION OF OPERATIONS below	mu	E.L. DISEASE FOROT CIMIT	\$500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, r	nay be attached if more space is required)		
RE: HVAC.			
CERTIFICATE HOLDER CANCELLATION			
370-488-9 21.1	SHOULD ANY OF THE ABOVE D	ESCRIBED POLICIES BE CA	ANCELLED BEFORE
LAKE COUNTY PLAN COMMISSION 2293 N MAIN ST	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN		
2293 N MAIN ST CROWN POINT, IN 46307-1854	ACCORDANCE WITH THE POLICY PROVISIONS.		
Chothe 1 3/141, 114 40301-1034			
2 25 ' '	AUTHORIZED REPRESENTATIVE	$\overline{}$	