CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/29/2017

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	CONTACT NAME:	
Lighthouse Insurance Agency	PHONE FAX (A/C, No. Ext): (A/C, No.):	
8219 Wicker Ave.	E-MAIL ADDRESS: burnes@lighthouseagency.biz	
	PRODUCER CUSTOMER ID #:	
Saint John IN 46373	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Auto Owners Insurance Co	18988
TK Electric, LLC	INSURER B:	
7826 Calumet Ave, Ste A	INSURER C:	
	INSURER D:	
Munster, IN 46321	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. TYPE OF INSURANCE LIMITS **GENERAL LIABILITY** \$1,000,000 EACH OCCURRENCE xthe 46b 20 527 2580 unty Ropp ny den ho 3/18 DAMAGE TO RENTED PREMISES (Ea occurrence) Α X COMMERCIAL GENERAL LIABILITY s 300,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) s 10,000 \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY X PRO-**AUTOMOBILE LIABILITY** COMBINED SINGLE LINIT 5 17,000,000 4654725800 10/03/17 10/03/18 ANY AUTO BODIL A JUBY (Per person ALL OWNED AUTOS BODILY (Per accident) SCHEDULED AUTOS PROPER FY DAMAGE X HIRED AUTOS X שם דיים NON-OWNED AUTOS **UMBRELLA LIAB** Х \$ 5,600,000 OCCUR EACH OCCURRENCE **EXCESS LIAB** Α 46-547-258 10/03/17 10/03/18 S \$ 5,000,000 CLAIMS-MADE AGGREGATE DEDUCTIBLE Χ RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-OTH ANY PROPRIETOR/PARTNER/EXECUTIVE 09013718 10/06/17 10/06/18 s 1,000,000 E.L. EACH ACCIDENT N OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$1,000,000 10/03/17 10/03/18 \$50,000 blanket any o All risk Property or Inland 054602 09547258 05 Marine - Rented/Leased Equip. one item

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Electrical Contractor

CERTIFICATE HOLDER

CANCELLATION

Lake County Plan Commission Planning & Building Dept. 2293 N Main Street Crown Point, IN 46307 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

<BB>

Surnes T. Barney
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