NBLOCK



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/13/2017

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(les) 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 confor rights to the certificate holder in lieu of such endorsement(s).

tł	is certificate does not confer rights to the certificate holder in lieu of st	the policy, cartain policies may require an endorsement. A stati ch endorsement(s).	ement on
PRO Gna 219	pucer ide Insurance Group, Inc. N White Street nkfort, IL 60423	CONTACT NAME: PHONE (AIC, No, Ext): (815) 464-8800  E-MAIL ADDRESS:  FAX (AIC, No): (815) 464-8971	
Frai	nktort, IL 60423		NAIC#
		INSURER(S) AFFORDING COVERAGE INSURER A : Pekin Insurance Company 2	4228
INSURED		No.	7220
Blue Ridge Heating & Air 16554 Cherry Creek Ct Joliet, II, 60433		INSURER B:	
		INSURER C:	
		INSURER D :	
		INSURER F :	
CO	VERAGES CERTIFICATE NUMBER:	REVISION NUMBERO	
-	HIS IS TO CERTIFY THAT THE POLICIES OF MSURANCE LISTED BELOW NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION PERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFEOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	HAVE BEEN LONG TO THE INCLIDED MAKED ABOVE BY BITHE BOLLO	CY PERIOD THICH THIS HE TERMS,
INSR	(ADDL SUBR)	POLICY EFF   POLICY EXP	
A	X COMMERCIAL GENERAL LIABILITY	EACH RECURRENCE 13	1,000,000
	CLAIMS-MADE X OCCUR 110-0208522 C COLLI	TY R10/25/2017 01/25/2018 PAMAGE TO RENTED PREMISES (ER OCCUITEDOS) \$	100,000
		MED EXP (Any one person) \$	5,000
		PERSONAL & ADV INJURY \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE 5	2,000,000
	POLICY FRO-	PRODUCTS - COMP/OP NGG 6m	2,000,000
	OTHER:		<b>⊣</b>
A	AUTOMOBILE LIABILITY	COMBINED SWIGLE LININ	4 000 000
	X ANY AUTO 00P707310	11/25/2017 11/25/2018 BODILY (Per petson) 5-171	1,000,000
	OWNED AUTOS ONLY SCHEDULED AUTOS	BODILY (Per accident)	1,000,000
	HIRED ONLY AUTOS ONLY	PROPERTY DAMAGE	
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1,000,000
A	X UMBRELLA LIAB X OCCUR	EACH OCCUERENCE.	1,000,000
	EXCESS LIAB CLAIMS-MADE 00CU30937	11/25/2017 11/25/2018 AGGREGATE - N	1,000,000
	DED X RETENTIONS . 10,000	I PPR OTH	
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	1925/2017 11/25/2018 EL SACH ACCIDENT S	1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	S S S S S S S S S S S S S S S S S S S	1,000,000
	(mandatory in Kr)	E.L. DISEASE - EA EMPLOYEE \$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Romarks Schedule, may be attached if more space is required) Scope of Work: HVAC			
CF	RTIFICATE HOLDER	CANCELLATION	
	Lake County Plan Commission 2293 North 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	