

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/9/2017

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 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).

certificate holder in lieu of such endorsement(s).								
PRODUCER			CONTACT Lori Tournis					
Midwest Insurance Ce	nter,	Inc	PHONE (A/C, No. Ext): (219) 864-3333 FAX (A/C, No): (219)	864-9393				
944 W. US Highway 30			E-MAIL ADDRESS: lori@midwestic.com					
			INSURER(S) AFFORDING COVERAGE	NAIC#				
Schererville	IN	46375	INSURER A: Erie Insurance Exchange	26271				
INSURED			INSURER B: Flagship City Insurance Company	35585				
LANSING ELECTRIC INC	R &	R	INSURER C:					
CONTRACTORS			INSURER D:					
18559 WILLOW LN			INSURER E:	ــــــــــــــــــــــــــــــــــــــ				
LANSING	IL	60438-3376	INSURER F:					
COVERAGES		CERTIFICATE NUMBER CL1739005						
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								
INDICATED. NOTWITHSTAN	DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO	THE TERMS,						
EXCLUSIONS AND CONDITIO	NS OF	SUCH POLICIES. LIMITS SHOWN MAY HAV	E BEEN REDUCED BY PAID GLAIMS.	<u> </u>				
INSR TYPE OF INSURAN	CE	ADDL SUBR	POLICY EFF POLICY EXP					

CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID GLAIMS.									
INSR LTR		TYPE OF INSURANCE	ADDL INS <b>D</b>	SUBR	Do POLICY NUMBER : 41	POLICY EFF	POLICY EXP	· · · · · · · · · · · · · · · · · · ·	
LIK	х	COMMERCIAL GENERAL LIABILITY			s Document is th	c brob	city of	EACH OSCURRENCE	,000,000
A		CLAIMS-MADE X OCCUR		1	he Lake County	Record	der!	PREMISES (En occurrence) \$ 1	,000,000
•					Q28-0121518	4/1/2017	4/1/2018	MED EXP (Any one person) \$	5,000
								PERSONAL & ADV INJURY \$ 1	,000,000
	GE	VL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2	,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG \$ 2	,000,000
l		OTHER:						38	
$\vdash$	AU	TOMOBILE LIABILITY						(Ea accident)	,000,000
		ANY AUTO						BODILY INJURY (Religion)   Pri	
A	┢	ALL OWNED X SCHEDULED AUTOS			204-0131446	4/1/2017	4/1/2018		Zm.
	x	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE	
	F	AUTOS AUTOS						(Per accident)	<u></u>
_	<del>                                     </del>	UMBRELLA LIAB X OCCUR			STRDEK SO	(b)		EACH OCCURRENCE CO	2800-000
١.	x	EXCESS LIAB CLAIMS-MADE				<u> E</u>		AGGREGATE C	,000,000
A	<u> </u>	DED X RETENTION\$			Q28-0171016	1/1/2017	4/1/2018	<u>≋</u> 85 25	`Z_
		RKERS COMPENSATION						X PER STATUTE ER	
		DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE			E SEAL			E.L. EACH ACCIDENT \$	500,000
В	OFF (Ma	CICER/MEMBER EXCLUDED?	N/A		Q88-5101685 WOLANA	1/2017	4/1/2018	E.L. DISEASE - EA EMPLOYEE \$	500,000
	If ye	s, describe under SCRIPTION OF OPERATIONS below		}	THE PARTY OF THE P			E.L DISEASE - POLICY LIMIT \$	500,000
	<u> </u>	79.10 11011 01 01 01 01 0110110 0000					Y		
	١		1				1		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

CERTIFICATE HOLDER		CANCELLATION
(219)755-3712  Lake County Plan Commission	25- 4094	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2293 North Main Crown Point, IN 46307	4091	AUTHORIZED REPRESENTATIVE
·	an	John Sutorius/LB

ELECTRICAL CONTRACTOR