



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/19/2017

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).

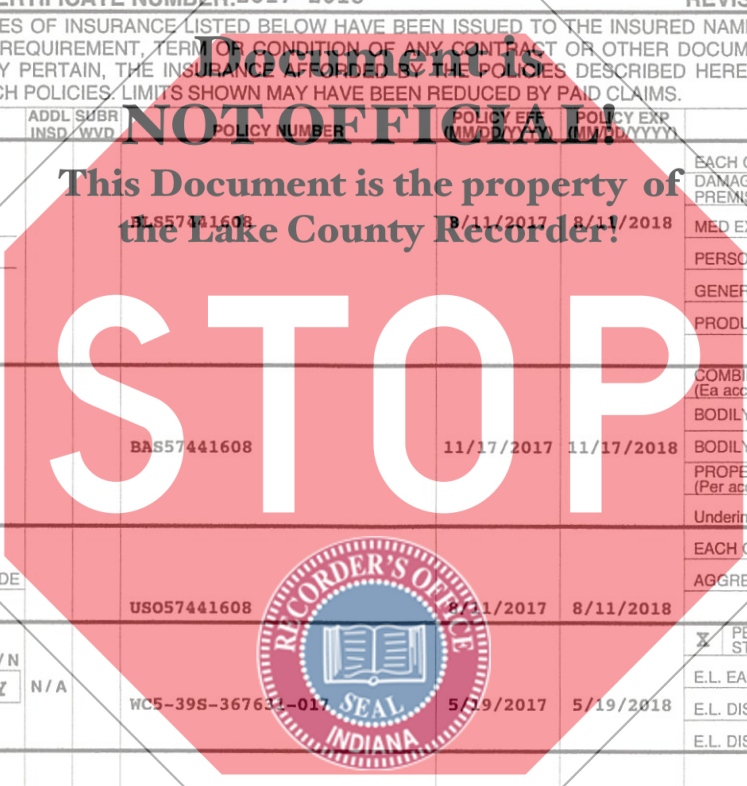
|   |  |                                     |
|---|--|-------------------------------------|
| <b>PRODUCER</b><br>Brown Insurance Group<br>9105-A Indianapolis Blvd<br>Suite 300<br>Highland IN 46322      | <b>CONTACT NAME:</b> Laurie Slazyk<br><b>PHONE (A/C, No, Ext):</b> (219)972-6060<br><b>E-MAIL ADDRESS:</b> lslazyk@browninsgrp.com | <b>FAX (A/C, No):</b> (219)972-6055 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                     |
| <b>INSURED</b><br>Ray Goodman, DBA: R G Heating & Cooling & R&G<br>12790 Rosewood Court<br>St John IN 46373 | <b>INSURER A:</b> Liberty Mutual Insurance Company   |                                     |
|   | <b>INSURER B:</b> Liberty Mutual Assigned Risk   |                                     |
|   | <b>INSURER C:</b>  |                                     |
|   | <b>INSURER D:</b>  |                                     |
|   | <b>INSURER E:</b>  |                                     |
|   | <b>INSURER F:</b>  |                                     |

2017 0861389

**COVERAGES**      **CERTIFICATE NUMBER: 2017-2018**      **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.

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD / WVD  | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|---|--------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |   |                    |                         |                         | EACH OCCURRENCE \$ 1,000,000  |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |   |                    |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000                            |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |                    |                         |                         | MED EXP (Any one person) \$ 15,000  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |   |                    |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000  |
|          | OTHER:   |   |                    |                         |                         | GENERAL AGGREGATE \$ 2,000,000  |
| A        | <b>AUTOMOBILE LIABILITY</b>  |   |                    |                         |                         | PRODUCTS - COMP/TP AGG \$ 2,000,000   |
|          | <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS        | <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | BAS57441608        | 11/17/2017              | 11/17/2018              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                |
|          |  |   |                    |                         |                         | BODILY INJURY (Per person) \$   |
|          |  |   |                    |                         |                         | BODILY INJURY (Per accident) \$   |
|          |  |   |                    |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |  |   |                    |                         |                         | Underinsured motorist \$ 1,000,000  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB                   | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE                          |                    |                         |                         | EACH OCCURRENCE \$ 1,000,000  |
|          | DED RETENTION \$   |   | USO57441608        | 8/21/2017               | 8/11/2018               | AGGREGATE \$ 1,000,000  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   | Y/N   |                    |                         |                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A                                      | WC5-39S-367632-017 | 5/19/2017               | 5/19/2018               | E.L. EACH ACCIDENT \$ 100,000   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |   |                    |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 100,000   |
|          |  |   |                    |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 500,000  |



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER  
2017 DEC 19 11:20 AM  
MCS

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
HVAC Contractor

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br>755-3712<br><br>Lake County Planning & Building Dept<br>Licensing division<br>2293 N. Main St<br>Crown Point, IN 46307 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Laurie Slazyk/LSL <i>Laurie Slazyk</i> |
|---|--|

\$25 Cash GP