



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LE

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).

PRODUCER Lake County Insurance Agency Inc. 6948 Indianapolis Blvd. Hammond, IN 46324 Richard D. Rykovich	CONTACT NAME: Richard D. Rykovich
	PHONE (A/C, No, Ext): 219-845-0288
INSURED A/E Electric Co., Inc. 1808 E Main St Griffith, IN 46319	FAX (A/C, No): 219-989-4417
	E-MAIL ADDRESS: lakecountyins@yahoo.com
PRODUCER CUSTOMER ID #: AEELE-1	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Auto-Owners Insurance	NAIC # 18988
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

2017 08 15 4

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WORD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		09815677	01/01/2018	01/01/2019	DAMAGE TO RENTED PREMISES (Ea Occurrence) 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) 10,000
	<input checked="" type="checkbox"/> Bikt Additional					PERSONAL & ADV INJURY 2,000,000
	Insureds					GENERAL AGGREGATE 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP/AGG 4,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					Emp Benf 1,000,000
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		48-815677-00	01/01/2018	01/01/2019	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					Comp. \$ 500 Ded.
<input checked="" type="checkbox"/> NON-OWNED AUTOS					Collision \$ 500 Ded.	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		48-815677-01	01/01/2018	01/01/2019	AGGREGATE \$ 5,000,000
	DEDUCTIBLE					
	<input checked="" type="checkbox"/> RETENTION \$ 10,000					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	09130134	01/01/2018	01/01/2019	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Contractors Equipment		09815677	01/01/2018	01/01/2019	Limit 10,000 Deductibl \$500 Ded.

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

Electrical Contractor

CERTIFICATE HOLDER LAKECOU Lake County Plan Commission Planning & Building Dept. 2293 North Main St. Crown Point, IN 46307	CANCELLATION 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 Richard D. Rykovich
--	---

\$25100

© 1988-2009 ACORD CORPORATION. All rights reserved.

Cash JB