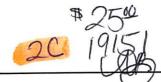


DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 03/04/2019 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS 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 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 confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Lori Tournis PRODUCER PHONE (A/C, No, Ext): E-MAIL Midwest Insurance Center, Inc. (219) 864-3333 FAX (A/C, No): (219) 864-9393 ADDRESS: lori@midwestic.com 944 W. US Highway 30 INSURER(S) AFFORDING COVERAGE NAIC # 32700 Schererville IN 46375 Owners Insurance Company INSURER A: N INSURER B: Auto-Owners Insurance Co 18988 INSURED R. VROOM SERVICE INC. INSURER C: 0 3245 F Rana Dr 0 INSURER D: 1 INSURER E: IL 60417-4226 Crete INSURER F: W CERTIFICATE NUMBER: CL1811201837 **COVERAGES** REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED NSURED NAMED ABOVE FOR THE POLICY PERIOD THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE VISTED BELOW HAVE BEEN ISSUED TO THE NSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, FERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINES SHOW LIMITS TYPE OF INSURANCE 1,000,000 COMMERCIAL GENERAL LIABILITY This Document is the property of EACH OCCURRENCE TORENTED 300,000 CLAIMS-MADE | X OCCUR PREMISES (Ea occurrence) the Lake County Recorder! 10,000 MED EXP (Any one person) 1,000,000 \$ A PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 PRODUCTS - COMP/OP AGG POLICY 100 \$ 1 OTHER: D SINGLE LIMIT \$ 1,000,000 AUTOMOBILE LIABILITY (Ea accident) TITIO BODILY INJURY (Per person) S ANY AUTO SCHEDULED AUTOS NON-OWNED OWNED 4783554400 12/05/2018 12/05/2019 BODILY INJURY (Per accident) \$ В AUTOS ONLY HIRED PROPERTY DAMAGE (Per accident) S × AUTOS ONLY AUTOS ONL CHD \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR 5 **EXCESS LIAB** AGGREGATE CLAIMS-MADE DED RETENTION \$ > PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 500,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE 09014870 12/05/2019 NIA OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 500,000 E.L. DISEASE - EA EMPLOYEE 500,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

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

**Electrical Contractor** 



CERTIFICATE HOLDER		CANCELLATION
Lake County Plan Commission 2293 North Main		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
Crown Point	IN 46307	Joh R. Sutinis
		a constant tooms componentially all sights assemted