



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/14/2019

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 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 General Insurance Services 1200 Michigan Ave. P.O. Box 70 LaPorte IN 46350	CONTACT NAME: Chris Allen	
	PHONE (A/C No. Ext): (219) 362-2113 FAX (A/C, No): (219) 324-9852 E-MAIL ADDRESS: callen@genins.com	
INSURED XL Industrial Services Inc, XL Leasing LLC, dba Enersource Electrical Services LLC, dba KB Electric PO Box 549 La Porte IN 46350	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Union Insurance Co.	19445
	INSURER B: American guarantee & Liab. Ins	26247
	INSURER C: Liberty Surplus Insurance Corp	
	INSURER D: Liberty Mutual Insurance Co	14613
	INSURER E: RSUI Indemnity Co	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 19/20 Liability 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 / END	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GL9925567	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> Contractual Liability					MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> XCU					PERSONAL & ADV INJURY \$ 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					PRODUCTS - COMPI/OP AGG \$ 2,000,000
	OTHER					Bodily Injury \$ 1,000,000
A	AUTOMOBILE LIABILITY		CA4773689	6/1/2019	6/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$ Unlimited
						Auto Medical Payments \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		AUC0298245-02	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 20,000,000
E	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		RSUITBI8119	3/1/2019	6/1/2020	AGGREGATE Excess Liability \$ 20,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ None					\$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCQ25893731	6/1/2019	6/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/> N/A				E L EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - EA EMPLOYEE \$ 1,000,000
						E L DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution		003605201	6/1/2019	6/1/2020	Ea Occur / Aggr \$5mil / \$5mil
D	Equip Rented from Others		YM2-291-464770-078	6/1/2019	6/1/2020	Per Item / Aggregate \$250K / \$1Mil

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Mechanical & Electrical Contractor specializing in Petroleum & Pipeline facility maintenance and construction.

## 2019-082138

2019 Nov 27 2:54 PM

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

CERTIFICATE HOLDER Lake County Plan Commission 2293 N Main St Crown Point, IN 46307	C. 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 R Rosenbaum, CIC/CHRI <i>Rosenbaum</i>
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