

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/18/2019

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).

PRODUCER	Tumer Insurance Agency PO Box 218 Centerville	IN	47330	CONTACT NAME: PHONE (A/C, No, Ext): (765) 855-2300 E-MAIL ADDRESS: courtney@turnerinsurance.net	i) 855-2311
	Centervine	HA	47330	INSURER(S) AFFORDING COVERAGE INSURER A : Arlington Roe & Co.	NAIC#
INSURED	K & W Fueling Systems, Inc. P.O. Box 116 1537 South 275 W Rushville	IN	46173-0116	INSURER B: Risk Placement Services - INSURER C: West Bend Mutual Insuranc INSURER D: INSURER E: INSURER F:	
				DEVISION NUMBER	

COVERAGES CERTIFICATE 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. POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE POLICY NUMBER 1,000.000 X COMMERCIAL GENERAL LIABILITY 01/01/2020 01/01/2021 X 793-00-41-56-0003 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurren 50,000 CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER
POLICY X PROJECT LOC GENERAL AGGREGATE 2,000,000 **Jocument** is PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Fa accident) 1,000,000 AUTOMOBILE LIABILITY X A102009 01/01/2020 01/01/2021 С BODILY INJURY (Per person) X ANY AUTO OWNED
AUTOS ONLY
HIRED
AUTOS ONLY This Document is the property of BODICY INJURY (Per accident) SCHEDULED AUTOS NON-OWNED AUTOS ONLY \$ X PROPERTY DAMAGE the Lake County Recorder! 5.000.000 X 793-00-41-57-0002 01/01/2020 01/01/2021 EACH OCCURRENCE UMBRELLA LIAB \$ OCCUR 5,000,000 EXCESS LIAB GGREGATE CLAIMS-MADE DED RETENTION \$ X BNUWC0146071 X PER STATUTE 01/01/2020 01/01/2021 В ORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? 1,000,000 E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 if yes, describe under DESCRIPTION OF OPERATIONS below Pollution and Professional Liability E.L. DISEASE - POLICY LIMIT 1,000,000 01/01/2020 01/01/2021 Per Occurrence 793-00-41-56-0003 Rented Leased Equipment 150,000 01/01/2020 01/01/2021 C A102009-3 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Soli Underground Tanks , may be attached if more space is required) STATE OF INDIANA 2019-0828 LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN 2019 Dec 3 RECORDER 004439 CANCELLATION CERTIFICATE HOLDER HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lake County Plan Commission 2293 N Main Street Crown Point IN 46307-AUTHORIZED REPRESENTATIVE

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