

Crowel Agency, Inc.

8244 Kennedy Avenue

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

FAX (A/C, No): (219) 972-5209

10/21/2020

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 NAME:

(A/C, No, Ext):

PHONE

Thoma G. Crowel, CPCU, CIC

(219) 923-2131

ADDRESS: tgc@crowelinsurance.com

Highland IN 46322		INSURER(S) AFFORDING COVERAGE		NAIC#		
IN 46322		INSURER A: EMCASCO Insurance Company		21407		
			INSURER B: Employers Mutual Casualty Company		21415	
	Davis Corporation		INSURER C:			
	dba Davco Refrigeration		INSURER D :			
	303 West Commercial Avenue		INSURER E :			
	Lowell	IN 46356	INSURER F:			
COVERAGES CERTIFICATE NUMBER: 2020-2021			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 POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS				
	COMMERCIAL GENERAL LIABILITY				0,000	
A	CLAIMS-MADE X OCCUR	This Document	is the property of	DAMAGE TO RENTED 500		
	CLAIMS-MADE [2] OCCOR	the Lake Cou	nty Recorder!	PREMISES (Ea occurrence)		
		6D11080	10/25/2020 10/25/2021	4 00	0,000	
		0511005	10/23/2020	2 00		
	GEN'L AGGREGATE LIMIT APPLIES PER			GENERAL AGGREGATE 3	0,000	
	POLICY PRO- LOC			PRODUCTS - COMPTOF AGG	0,000	
	OTHER:			\$		
	AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT \$ 1,00	0,000	
A	ANY AUTO CWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			BODILY INJURY (Per person) \$		
		6E11080	10/25/2020 10/25/2021	BODILY INJURY (Per accident) \$		
				PROPERTY DAMAGE (Per accident) \$		
				\$		
	X UMBRELLA LIAB X OCCUR	TILL		EACH OCCURRENCE \$ 1,00	0,000	
В	EXCESS LIAB CLAIMS-MADE	6,11080	10/25/2020 10/25/2021		0,000	
	DED RETENTION \$			S S		
	WORKERS COMPENSATION			PER OTH-		
В	OFFICER/MEMBER EXCLUDED!			500	.000	
		N/A 6H11080	10/25/2020 10/25/2021	E.L. EAGH AGGIDENT	.000	
	(Mandatory In NH) If yes, describe under	Til. M	A LIE	EL DISEASE - EX EMPLOTEE 3	.000	
	DESCRIPTION OF OPERATIONS below	70111	ANA	E.L. DISEASE - POLICY LIMIT \$ 500	,000	
		<u></u>	1 1	'		
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sci					
HVAC Contractor 2020 ORQ76/ LAKE COUNTY						
			2020-00104	FILED FOR RECORD		
30			020 Dec 8 3:24 PM MICHAEL B BROWN			
2020			2020 080 0 0.24 1	RECORDER		
l						

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

CERTIFICATE HOLDER

Lake County Plan Commission 2293 N. Main Street

Crown Point

IN 46307

CANCELLATION

AUTHORIZED REPRESENTATIVE