NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF LIABILITY INSURANCE							04/16/2021				
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON T							UPON THE CERTIFIC	ATE HO	LDER. 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(les) 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 conter rights to the certificate holder in lieu of such endorsement(s).											
this certificate does not conter rights to the certificate holder in lieu of such enturements. PRODUCER CONTACT Dan Bane											
StateFarm Dan Bane					PHONE	PHONE 219-756-3700 FAX (A/G, No):					
2105 W Lincoln Hwy					E-MAIL	ADDRESS: dan@danbane.com					
Merrillville, IN 46410					Abbress:						
Merriiviile, IIN 4041U										25143	
INSURED					INSURE	INSURER B:					
Bella Electric LLC					INSURER C:						
665 Wirtz Rd					DISURER D:						
		nt, IN 46307			INSURE	DISURER E:					
	State	()			INSURE	INSURER F:				L	
COV	/ERAGES		REVISION NUMBER:								
THIS IS TO CEPTIEY 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 COTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTURN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES INTO SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR	TYPE OF IN		ADDL SUE	POLICY NUMBER		POLICY EFF	POLICY EXP		arts		
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ł	CLAMS-WADE	[X] accor	1 1					MED EXP (Any one person)	s 5,0		
^			1	94-C6-L276-3F		04/23/2021	04/23/2022	PERSONAL & ADV INJURY	. 1.0	00,000	
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ł	GENT AGGREGATE LIM			.0)		1				00,000	
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-	OTHER:		\vdash					COMMINED SINGLE LIMIT	s		
ļ	AUTOMOBILE LIABILITY			CV		1	1		_		
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	AUTOS ONLY	AUTOS NON-OWNED				L	l	BODILY INJURY (Per accider	-		
- 1	AUTOS ONLY	AUTOS ONLY			- (1).	Ì	PROPERTY DAMAGE (Per accident)	\$		
			i						s		
	UMBRELLA LIAB	OCCUR	i I			YA		EACH OCCURRENCE	5		
	EXCESS LIAB	CLAIMS-MADE		1		1 1	K	AGGREGATE	- 1		
	DED RETEN	TIONS					/	1	\$		
	WORKERS COMPENSATI AND EMPLOYERS' LIABI	ON				_	_	PER OTH	4		
	ANY PROPRIETOR/PARTI OFFICER/MEMBER EXCL	HER/EXECUTIVE T	N/A			i		E.L. EACH ACCIDENT	3		
	(Mandatory in NH)		N'A	1			1 7	E.L. DISEASE - EA EMPLOY	EE \$		
	If yes, describe under DESCRIPTION OF OPERA	ATIONS below				1	1 10	E.L. DISEASE - POLICY LIM			
	DESCRIPTION OF CR	NICHO CON					_				
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DESC	PIPTION OF COEPATION	S // OCATIONS / VEUV	LES (ACO	RD 101, Additional Remarks School	ulo, may	be attached if mo	ro space is regul	ired)			
	trician	J. LOOK HORS, VENK	(1100		,,		,	4			
Liet	Juician			GIN	JA PIN	MENTEL		. (2)	-		
GINA PIMENTEL RECORDER 2021-034185											
STATE OF INDIANA											
LAKE COUNTY 2:02 PM 2021 Apr 27 FILED FOR RECORD											
CERTIFICATE HOLDER CANCELLATION											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN											
					AC	CORDANCE W	ITH THE POLI	CY PROVISIONS.			
Town of Winfield Building Department											
10645 Randolph St Lobby A						AUTHORIZED REPRESENTATIVE					
Winfield, In 46307						1 D 2 4.00.					
Jan Bonce										9.0.10	
Ц.					L			ORD CORPORATION			
						© 1	388-2015 AC	UKU CORPORATION	. Attrio	ints reserved.	