## OT AN OFFICIAL DOCUMEN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MINIDDAYYYY) 04/16/2021

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(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 confer rights to the certificate holder in lieu of such endorsement(s).

St	teFa	arm no	n De	no				DMONE			TPAV	_		
						PHONE 219-756-3700 FAX (A/C, No):								
2105 W Lincoln Hwy								ADDRESS: dan@danbane.com						
Merrillville, IN 46410								INSURER(S) AFFORDING COVERAGE NAIC #						
									INSURER A : State Farm Fire and Casualty Company 25143					
INSURED									INSURER 8 :					
Bella Electric LLC									INSURER C:					
665 Wrtz Rd								INSURER D:						
Crown Point, IN 46307														
State								INSURER E :						
<u></u>	VED.		_					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 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														
IN														
EAGLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS														
INSR LTR TYPE OF INSURANCE					ADDL SUBRI INSD WVD POLICY NUMBER			POLICY EFF POLICY EXP			LIMITS			
T	X COMMERCIAL GENERAL LIABILITY			100	1	POLICE HUMBER		(YETTICHIMAN)	INSWULKTYYY)		1 000	000		
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1	A GENT AGGREGATE LIMIT APPLIES PER:			Z COCOR	1	17/					PREMISES (Ea occurrence) S			
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1 ^					1	1	94-C0-E276-3F		04/23/2021	04/23/2022	PERSONAL & ADVINJURY \$ 1,000,000			
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ı	ш	POLICY JE	CT	Loc	1		YZ				PRODUCTS - COMP/OP AGG \$	2,000	.000	
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	AUTOMOBILE LIABILITY			Т	T	.(A)				COMBINED SINGLE LIMIT .				
ı	ANY AUTO			I	1	6.				(Ea accident) *  BODILY INJURY (Per person) \$				
	<b>—</b>	OWNED		SCHEDULEO	ı			( 4						
	1	AUTOS ONLY HIRED	Н	NON-OWNED	ı			~			***************************************			
1 1	H,	AUTOS ONLY	$\vdash$	AUTOS ONLY	i			- 0	1.		(Per accident)			
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1	-	UMBRELLA LIAB	-	OCCUR					YA		EACH OCCURRENCE S			
	١.	EXCESS LIAB		CLAIMS MADE	1				1/2	ζ	AGGREGATE 5			
			ENTIC		L					/_	\$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER OTH-					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			l	NIA				1	E L. EACH ACCIDENT \$					
(Mandatory in NH)			N/A											
If yes, describe under DESCRIPTION OF OPERATIONS below								16						
$\vdash$	LESC	ME HON UP OPE	TAIK	AND DESCRI		-		-			E L. DISEASE - POLICY UMIT \$			
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$\perp$					<u>L</u> .	L								
			NS/L	OCATIONS / VEHIC	LES (	ACORD	101, Additional Remarks Schedu	te, may b	attached if more	space is requir	red)			
Electrical Contractor														
GINA PIMENTEL														
RECORDER 2021-034187													1	
1							STA	TEO	EINDIANA					
STATE OF INDIANA LAKE COUNTY 2:15 PM 2024 Apr 27														
LAKE COUNTY 2:15 PM 2021 Apr 27 FILED FOR RECORD														
<u> </u>														
CERTIFICATE HOLDER CANCELLATION														
								SHO	II D ANY OF T	THE ABOVE S	ECCDIDED DOLICIES CT ATT	CELLS	D DEFORE	
ĺ								THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
l								ACCORDANCE WITH THE POLICY PROVISIONS.						
1				Planning Comm	ussio	n								
2293 N Main St									AUTHORIZED REPRESENTATIVE					
		Crown Po	oint,	IN 46307				6	( )					
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L									11/1	10a				
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