

NOT AN OFFICIAL DOCUMENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/29/21

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 FF3765 SANDRIDGE INSURANCE GROUP LLC 10135 MARGO LN MUNSTER, IN 46321-9152	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Emily Lagestee</td> </tr> <tr> <td>PHONE (A/C, No. Ext.): 219-301-7198</td> <td>FAX (A/C, No.): 26263</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: emily@sandridgeinsurance.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Eric Insurance Company</td> <td style="text-align: right;">NAIC # 26263</td> </tr> <tr> <td>INSURER B: Eric Insurance Property & Casualty Company</td> <td style="text-align: right;">26830</td> </tr> <tr> <td>INSURER C: Eric Insurance Exchange</td> <td style="text-align: right;">26271</td> </tr> <tr> <td>INSURER D: Eric Insurance Company of New York</td> <td style="text-align: right;">16233</td> </tr> <tr> <td>INSURER E: Flagship City Insurance Company</td> <td style="text-align: right;">35885</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Emily Lagestee		PHONE (A/C, No. Ext.): 219-301-7198	FAX (A/C, No.): 26263	E-MAIL ADDRESS: emily@sandridgeinsurance.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Eric Insurance Company	NAIC # 26263	INSURER B: Eric Insurance Property & Casualty Company	26830	INSURER C: Eric Insurance Exchange	26271	INSURER D: Eric Insurance Company of New York	16233	INSURER E: Flagship City Insurance Company	35885	INSURER F:	
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INSURED	Robert L. Fisher Enterprises dba TK Electric, LLC 7826 Calumet Ave STE A Munster, IN 46321																				

COVERAGES **CERTIFICATE NUMBER:** N/A **REVISION NUMBER:** N/A

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.

OVER LTR	TYPE OF INSURANCE	ADULT(S) (IND) (MOO)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X X	Q61 0087985	4/1/21	4/1/22	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> GEN. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (EA occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTO ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X X	Q04 0141165	4/1/21	4/1/22	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		Q28 0173957	4/1/21	4/1/22	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> RETENTION \$ 0					AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/N/A	Q88 5103579	4/1/21	4/1/22	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER* EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
	All Risk rented equipment					Q61 0087985

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)

Electrical Contractor

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-071016

10:14 AM 2021 Dec 9

CERTIFICATE HOLDER **CANCELLATION**

Lake County Plan Commission Planning & Building Dept. 2293 N Main Street Crown Point, IN 46307	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
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