ANERSEE ICIAL INCOCUMENTATIONS UNDER TRAINING TRAINING TO THE PROPERTY OF THE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AFFRMATURELY OR REGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT SETWEEN THE ISSUING INSURERYS), AUTHORIZED DEEDESENTANCE OF BEAUTY OF SECOND TO SET A CONTRACT SETWANDED INSURERYS. 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 WAINED, 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	CONTACT NAME:							
Donnelly, Timothy		FAX (A/C, No):						
2105 Laporte Ave	E-MAIL ADDRESS: Timothy.Donnelly@infarmbureau.com							
Valparaiso, IN 46383	INSURER(S) AFFORDING COVERAGE	NAIC#						
	INSURER A: United Farm Family Mutual Insurance Company	15288						
INSURED R & B ELECTRIC LLC	DISURER B:							
11257 W DEER CREEK DR	INSURER C:							
WINFIELD, IN 46307-7277	INSURER D:							
	INSURER E:							
	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								

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. DISTRIPTION STATES THE POLICY PERIOD HONGLATED. DISTRIPTION STATES TO THE POLICY PERIOD HONGLATED. DISTRIPTION STATES THE POLICY PERIOD HONGLATED. WHICH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERITAIN, 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	Ī	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EXP	LIMIT	s
	×	CLAIMS-MADE X OCCUR		(کر مر			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$50,000
A	GE	NL AGGREGATE LIMIT APPLIES PER:			BOP8235715	11/30/2021	11/30/2022	MED EXP (Any one person) PERSONAL & ADVINJURY GENERAL AGGREGATE	\$ 5.000 \$ 1.000.000 \$ 2.000.000
	X	POLICY PRO- JECT LOC OTHER:		4/	4/				\$ 2,000,000 \$
Г	AU	TOMOBILE LIABILITY			00			(Ea accident)	s
	⊨	ANY AUTO OWNED SCHEDULED				BODILY INJURY (Per person) BODILY INJURY (Per socident)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY				,		PROPERTY DAMAGE (Per accident)	\$	
L									\$
		UMBRELLA LIAB OCCUR				7/D.		EACH OCCURRENCE	\$
l		EXCESS LIAB CLAIMS-MADE				1//		AGGREGATE	\$
		DED RETENTION \$				1	-		\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						X PER STATUTE ER	
۱.	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		WC 8341156	11/30/2021	11/30/2022	E.L. EACH ACCIDENT	\$100.000	
l^	(Ma	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	"""		WC 8341156	11/30/2021	11/30/2022	E.L. DISEASE - EA EMPLOYEE	\$100,000
L	If yes, describe under DESCRIPTION OF OPERATIONS below						(,	E.L. DISEASE - POLICY LIMIT	\$ 500,000
								0,	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required,

Electrical Contractor

GINA PIMENTEL RECORDER

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2021-072338 3:44 PM 2021 Dec 20

2:11 3:11

ERTIFICATE HOLDER		

Lake County Plan Commission 2293 N Main St Crown Point, IN 46307

AUTHORIZED REPRESENTATIVE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Donnelly, Timothy

© 1988-2015 ACORD CORPORATION. All rights reserved.