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 certifi	loate holder in lieu of su							
PRODUCER			CONTA NAME:	Lori Tourr	its				
Midwest Insurance Center, Inc				PHONE (AIC, No. Ext): (219) 864-3333 FAX (AIC, No.)			C. Not: (219)	(219) 864-9393	
944 W. US Highway 30				E-MAIL ADDRESS: lori@midwestic.com					
				IN.	SURER(S) AFFOR	DING COVERAGE		NAIC#	
Schererville		IN 46375	INSURE	RA: Erie Inst	rance Exchang	36		26271	
INSURED			INSURE	RB: Erie Inst	rance Property	& Casualty Co		26830	
MN MECHANICAL LLC INSURER C:									
DBA MN HEATING & AIR CONDITIONING INSURER D :								ĺ	
11820 BURR ST				INSURER E :					
CROWN POINT		IN 46307-2838	INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: CL213103916 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 TYPE OF INSURANCE	INSD WVD	POLICY NUMBER		POLICY EFF (MM/DDYYYY)	(MM)DDYYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY	0					EACH OCCURRENCE	\$ 1,00	00,000	
CLAIMS-MADE X OCCUR	(	D.,		03/15/2021	03/15/2022	DAMAGE TO RENTED PREMISES (Ea occurrence	s 1,00	00,000	
						MED EXP (Arry one perso	E 000		
A		Q27-1522256				PERSONAL & ADV INJUR	s 1,00	00,000	
GENLAGGREGATE LIMIT APPLIES PER:		1-2				GENERAL AGGREGATE	s 2,00	00,000	
POLICY PRO- LOC		.0/				PRODUCTS - COMPIOP	AGG \$ 2,00	00,000	
	1 1			r e	1		1.		

AUTOMOBILE LIABILITY \* 1.000.000 ANY AUTO BODILY INJURY (Per perso OWNED AUTOS ONLY SCHEDULED O03-1531645 03/15/2021 03/15/2022 BODILY INJURY (Per accident) 5 NON-OWNED AUTOS ONLY s AUTOS ONLY \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE FYCESS ! IAB AGGREGATE RETENTION S DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS LABBILITY
ANY PROPRIETOR/PARTINER/EXECUTIVE
OFFICE/MEMBER EXCLUDED?
(Mandatory In NII)
If yes, describe under
DESCRIPTION OF OPERATIONS below 100,000 E.L. EACHACCIDENT N O87-6500485 03/15/2021 03/15/2022 MIA 100,000 E.L. DISEASE - EA EMPLOYEE 500,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more sp. HEATING AND AIR CONDITIONING CONTRACTOR-

> GINA PIMENTEL RECORDER

STATE OF INDIANA LAKE COUNTY

2021-073210 2021 Dec 28

3:15 PM 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

IN 46307

ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

Lake County Plan Commission 2293 North Main

Crown Point