NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF LIABILITY INSURANCE

04/11/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONSERS NO RIGHTS UPON THE CERTIFICATE MODER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALIFER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF CONSTRUCTIVE A CONTRACT ESERVISE HE ISSUING INSURERS, AUTHORIZED REPRESENTATIVE OF PRODUCER, AND THE CERTIFICATE HOLDER.

MAPORTANT: If the certificate holder is an ADDITIONAL MISURED, the policyfies) must have ADDITIONAL MISURED 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

| a | ertificate goes not comer rights to the c | aun | Catte i | noider in lieu of such endors | | | | | |
|--|--|--------------|----------------------|--|--|--|-----------------------------|-----------------|--|
| PRODUCER FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55080 | | | | | | CONTACT CLIENT CONTACT CENTER | | | |
| | | | | | PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 | | | | |
| | | | | | ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM | | | | |
| | | | | | | INSURERS A | FFORDING COVERAGE | NAIC# | |
| | | | | | INSURER A:FEDERATED MUTUAL INSURANCE COMPANY | | | | |
| INSURED 228-513-0 BT ELECTRIC INC BTZ N 279 W LAKE VILLAGE, IN 46549-0436 | | | | | INSURER B: FEDERATED RESERVE INSURANCE COMPANY | | | Y 16024 | |
| | | | | | UNSURER C: | | | | |
| | | | | | INSURER D: | | | | |
| | | | | | INSURER E: | | | | |
| | | | | | INSURER F: | | | | |
| COVERAGES CERTIFICATE NUMBER: 7 | | | | | REVISION NUMBER: 0 | | | | |
| NO IS | IIS IS TO CERTIFY THAT THE POLICIES OF DTWITHSTANDING ANY REQUIREMENT, TES SUED OR MAY PERTAIN, THE INSURANCE ICH POLICIES. LIMITS SHOWN MAY HAVE B | AFFC EEN | R CO RDED REDU | NDITION OF ANY CONTRACT BY THE POLICIES DESCRIBE CED BY PAID CLAIMS. | OR OTHER DO | CUMENT WITH | RESPECT TO WHICH THIS CERTI | FICATE MAY BE | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR | POLICY NUMBER | POLICY EFF | POLICY EXP | LIMITS | | |
| | COMMERCIAL GENERAL LIABILITY | | 1 | | | | EACH OCCURRENCE | \$1,000,000 | |
| | CLAIMS-MADE X OCCUR X BUSINESS OWNER'S LIABILITY CENT. ACCRECATE LIMIT APPLIES PER: | | 10 |)~ | 05/24/2023 | 05/24/2024 | DAMAGE TO RENTED PREMISES | \$100,000 | |
| | | | N | 9076697 | | | MED EXP (Any one person) | | |
| Α | | N | | | | | PERSONAL & ADV INJURY | \$1,000,000 | |
| | | ļ | | | | | GENERAL AGGREGATE | \$2,000,000 | |
| | X POLICY PRO- LOC | | | | | | PRODUCTS & COMPIOP ACC | \$2,000,000 | |
| | OTHER: | | 1 1 | | | | | | |
| В | AUTOMOBILE UABILITY | | | 10 | | | COMBINED SINGLE LIMIT | \$1,000,000 | |
| | X AMY ALTO OWNED AUTOS ONLY AUTOS | | 1 | | 05/24/2023 | 05/24/2024 | BODILY INJURY (Per Person) | | |
| | | N | l N | 9394014 | | | BODILY INJURY (Per Academ) | | |
| | HIRED AUTOS OWNLY AUTOS ONLY | | | | | | PROPERTY DAMAGE | | |
| | HIRED AUTOS OWNLY AUTOS ONLY | | | | | | (Per Accident) | | |
| | | - | _ | | -4 | | EACH OCCURRENCE | | |
| | UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE | } | ł | 1 1 | 1// | 1 sc | AGGREGATE | | |
| | DED RETENTION | | 1 | | | | ADGREGATE | | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETY PARTMENT EXECUTIVE | N/A I | - | | 05/24/2023 | 05/24/2024 | X PER STATUTE DTHER | | |
| | | | 1 | | | | EL EACH ACCIDENT | \$500,000 | |
| | OFFICER/MEMBER EXCLUDED? | | , N | 9395006 | | | EL DISEASE EA EMPLOYEE | \$500,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | 1 | | 1 | . (| E.L. DISEASE - POLICY LIMIT | \$500,000 | |
| | | | | | | | 0,00 | | |
| | RIPTION OF OPERATIONS / LOCATIONS / VEHICLES | | | 1, Additional Remarks Schedule, may | be attached if more | space is required) | CVA | | |
| SCO | PE OF WORK - ELECTRICAL CONTRA | CTI | NG. | | | | | | |
| | | | | | GINA PI | MENTEL | | | |
| | | | | | RECO | RECORDER 2023-032125 | | | |
| CERTIFICATE HOLDER | | | | | | INDIANA | | | |
| 226 | -513-0 KE CTY PLANNING COMMISSION | | | RE | | COUNTY S PRESENT | 2:01 PM 2023 ED | Nov 29 LLED | |
| DECOR ALLAMA CT | | | | | | | | BE DELIVERED IN | |
| CROWN POINT, IN 46307-1854 | | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | |
| 25 | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| 25 CROWN POINT, IN 48307-1854 25 20544 | | | | | AUTHORIZED REPRESENTATIVE Wishels L. Joever | | | | |
| | | | | an | L | | | | |
| | | _ | | | | | | | |