## TALOFFICIAL DOCUMENT

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS IS CERTIFICATE HOLDER. THIS CERTIFICATE HOLDER THIS CERTIFICATE HOLDER THIS CERTIFICATE ONE SAY THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OF 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 WANYED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate do legal registration to the policy certain policies may require an endorsement.

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER		CONTACT Michael Langen			
Premier Group Insurance		PHONE (A/C, No. Ext): 219-696-7321	FAX (A/C, No): 219-69	6-6038	
829 E Commercial Ave		E-MAIL ADDRESS: mlangen@premiergrpins.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
Lowell	N 46356	INSURER A: OHIO MUTUAL INSURANCE GROUP		13072	
INSURED		INSURER B: MARKEL INSURANCE			
Maximum Electric LLC		INSURER C:			
1828 S Calhoun St		INSURER D:			
		INSURER E:			
Griffith I	N 46319	INSURER F:			
COVERAGES CERTIFICATE NUMBE	R:	REVISION NUM	BER:		

COVERAGES

CONTRY THAT THE CALCES OF INSURANCE LISTS BELOW HAVE BEEN ISSUED TO THE INSURED AMBED ABOVE FOR HE POLLTY PERSON

THIS IS TO GETTEY THAT THE CALCES OF INSURANCE LISTS BELOW HAVE BEEN ISSUED TO THE INSURED AMBED ABOVE FOR HE POLLTY PERSON

CHARTICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLLIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLLIES. LIMITS BHOWN MAY HAVE BEEN REDUCED BY PAUD CLAIMS.

NSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LINUT	s
	×	COMMERCIAL GENERAL LIABILITY	-					EACH OCCURRENCE	s 1,000,000
		CLAIMS-MADE # OCCUR		(	Or,			DAMAGE TO RENTED PREMISES (Ea occurrence)	s 50,000
								MED EXP (Any one person)	s 5,000
Α					BP 0050650	09/14/2023	09/14/2024	PERSONAL & ADV INJURY	s 1,000,000
	GENL AGGREGATE LIMIT APPLIES PER:		100				GENERAL AGGREGATE	s 2,000,000	
		POLICY PRO- JECT LOC			4/-			PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:			1/0				\$
	AU1	OMOBILE LIABILITY			Co			COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		AUTOS ONLY AUTOS	SCHEDULED		),		BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident)			\$		
						(/,			\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$		
		DED RETENTIONS							\$
В		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETORPARTNEREXECUTIVE OFFICERMEMBEREXCULUDED? (Mandadosy in MI)  WC0231682-01					PER OTH- STATUTE ER		
	ANY				WC0231682-01	09/13/2023	09/13/2024	E.L. EACH ACCIDENT	s 500,000
	(Mar		08/13/2023	03/13/2024	E.L. DISEASE - EA EMPLOYEE	s 500,000			
	If ye	scribe under PTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT	s 500,000			
Α	Bus	liness Owners Policy						BPP	25,000
	"		ı	BP 0050650		09/14/2023	09/14/2024	Y/	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required

**Electrical Contractor.** 

GINA PIMENTEL RECORDER 2024-006258

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

1:52 PM 2024 Feb 13

RECORDED AS PRESEN

CERTIFICATE HOLDER

CANCELLATION

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.

Crown Point	IN 46307	Michael Langen

2293 N Main St

Lake County Plan Commission