

NOT AN OFFICIAL DOCUMENT

Class #: 90886

DK ELECT

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/23/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER EPIC Insurance Midwest 2663 Duncan Road Lafayette, IN 47904	CONTACT NAME: Tarah Bunch PHONE (A/C, No, Ext): 765-420-1338 FAX (A/C, No): 765-420-1338 E-MAIL ADDRESS: tarah.bunch@epicbrokers.com INSURER(S) AFFORDING COVERAGE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: The Cincinnati Insurance Company</td> <td style="width: 20%; text-align: right;">10677</td> </tr> <tr> <td>INSURER B: Accident Fund Insurance Co of America</td> <td style="text-align: right;">10166</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: The Cincinnati Insurance Company	10677	INSURER B: Accident Fund Insurance Co of America	10166	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													
INSURED D & K Electric, Inc. 14289 S 390 W Remington, IN 47977													

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 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.

INSTR. LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (Y/N)	INSURER (Y/N)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	POLICY CLAIMS	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	EPP0297598	01/01/2024	01/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$1,000,000 \$500,000 \$10,000 \$1,000,000 \$2,000,000 \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	EPP0297598	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$0 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	X	X	EPP0297598	01/01/2024	01/01/2025	EACH OCCURRENCE AGGREGATE	\$5,000,000 \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	AVWCP100082014	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL. EACH ACCIDENT EL. DISEASE - EA EMPLOYEE EL. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000
A	<input checked="" type="checkbox"/> Leased/Rented Equipment			EPP0297598	01/01/2024	01/01/2025	\$25,000 \$500 deductible	

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

Applicable Forms:
 GA233 09/20 - GL Broadened Endorsement - Blanket Additional Insured on a Primary & Noncontributory basis
 Including Blanket Waiver of Subrogation- Other than Contractors - By Written Contract

(See Attached Descriptions)

CERTIFICATE HOLDER Lake County Plan Commissioner 2293 N. Main Street ATTN: Mary Beth Crown Point, IN 46300-0000	GINA PIMENTEL RECORDER 2024-016537 STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED 2:50 PM 2024 Jun 21
25- 2469 CM	AUTHORIZED REPRESENTATIVE

DESCRIPTIONS (Continued from Page 1)

GA472 05/20 - Contractors Additional Insured on a Primary & Noncontributory basis - Automatic Status & Automatic Waiver of Subrogation - By Written Contract

CG2504 05/09 - General Liability Per Location Aggregate

CG2504305/09 - General Liability Per Project Aggregate

AA4171 06/20 - Auto Blanket Additional Insured

AA4172 09/09 - Auto Blanket Waiver of Subrogation

AA4174 11/05 - Auto Blanket Primary & Noncontributory

US4096 012/1 - Umbrella Blanket Primary & Noncontributory

WC000313 - Work Comp Blanket Waiver of Subrogation
Electrical Contractor

Property of Lake County Recorder

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2/1