

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/19/2016

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

this certificate does not come rights to the certificate holder in ned of such endorsement(s).					
PRODUCER	Malaa laassaa Assaa	. In a	CONTACT Barb Makee		
	Makee Insurance Agency Inc PO Box 1486 Painesville, OH 44077	/ Inc	PHONE (A/C, No, Ext): (440) 354-4030	FAX (A/C, No): 440-354-6369	
			E-MAIL ADDRESS: barb@makeeagency.com		
			INSURER(S) AFFORDING COVERAGE		NAIC#
			INSURER A: Western Reserve		26123
INSURED	Hannah Electric Llc		INSURER B:		
	Po Box 24 Perry, OH 44081		INSURER C:		
			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 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. POLICY EFF POLICY EXP ADDL SUBR INSR LTR TYPE OF INSURANCE **POLICY NUMBER** LIMITS INSD WVD COMMERCIAL GENERAL LIABILITY 09/14/2016 09/14/2017 1.000.000 PACKLCA3431554349 Α EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE | \sqrt{ | OCCUR \$ 5,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2.000.000 POLICY PRO-PRODUCTS - COMP/OP AGG \$ 1,000,000 OTHER: Stop Gap Stop Gap \$ COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY PACKLCA 3431554349 09/14/2016 09/14/2017 \$ 1,000,000 ANY ALITO BODILY INJURY (Per person) \$ OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS ONLY HIRED AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY AUTOS ONLY \$ PACKLCA3431554349 09/14/2016 09/14/2017 Α UMBRELLA LIAB 1,000,000 OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** AGGREGATE CLAIMS-MADE \$ DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Borrowed / leased equipment PACKLCA3431554349 09/14/2016 09/14/2017 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
Electrical Contractor				
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CERTIFICATE HOLDER	CANCELLATION			
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For Information OnlyFor In

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

AUTHORIZED REPRESENTATIVE

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