



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/21/2011

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 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).

PRODUCER PrimeCor Inc. 9382 Priority Way West Dr. Indianapolis IN 46240-		CONTACT NAME: PHONE (A/C, No, Ext): (317) 818-7700 FAX (A/C, No): (317) 818-0077 E-MAIL ADDRESS: PrimeCor@PrimePay.com PRODUCER CUSTOMER ID #Caserotti Construction & Remodeling	
INSURED Caserotti Construction & Remodeling 8250 Woodlawn Dr. Martinsville IN 46151-		INSURER(S) AFFORDING COVERAGE INSURER A :Technology Insurance Co INSURER B : 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY				/ /	/ /	EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR				/ /	/ /	MED EXP (Any one person)	\$
	<input type="checkbox"/>				/ /	/ /	PERSONAL & ADV INJURY	\$
	<input type="checkbox"/>				/ /	/ /	GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:				/ /	/ /	PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				/ /	/ /		\$
	AUTOMOBILE LIABILITY				/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				/ /	/ /	BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				/ /	/ /	BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS				/ /	/ /		\$
	<input type="checkbox"/> NON-OWNED AUTOS				/ /	/ /		\$
	<input type="checkbox"/>				/ /	/ /		\$
	UMBRELLA LIAB				/ /	/ /	EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE				/ /	/ /	AGGREGATE	\$
	<input type="checkbox"/>				/ /	/ /		\$
	<input type="checkbox"/> DEDUCTIBLE				/ /	/ /		\$
	<input type="checkbox"/> RETENTION \$				/ /	/ /		\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			TARIN33645-00	04/01/2011	04/01/2012	<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N	N/A		/ /	/ /	E.L. EACH ACCIDENT	\$ 100,000
					/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 100,000
					/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER () - (317) 327-8401 Consolidated City of Indianapolis Division of Code Enforcement 1200 Madison Ave. Suite #100 Indianapolis IN 46225-	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. AUTHORIZED REPRESENTATIVE
--	--