ACORD	ERTIF	FICATE OF LIA	BILI		URANC	ROMAS-2	DATE (I	OP ID: RO	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	FIVELY OF	R NEGATIVELY AMEND, DOES NOT CONSTITU	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED E	TE HOL	DER. THIS POLICIES	
IMPORTANT: If the certificate holder the terms and conditions of the polic certificate holder in lieu of such endo	y, certain j	policies may require an e							
PRODUCER				CONTACT NAME: Mark W. Lindow					
American Advantage - Lindow P.O. Box 6				PHONE (A/C, No, Ext): 262-548-8070 FAX (A/C, No): 262-548-0803					
Waukesha, WI 53187 Mark W. Lindow				ADDRESS:					
						DING COVERAGE		NAIC #	
INSURED Voltek Electric LLC				INSURER A : Acuity A Mutual Insurance Co					
Hartford, WI 53029				INSURER C :					
				INSURER D :					
				INSURER E :					
COVERAGES CERTIFICATE NUMBER:									
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 POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICIES OF INSURANCE HAVE BEEN ISSUED TO THE POLICIES OF INSURED ABOVE FOR THE POLICIES OF INSURED ABOVE FOR THE POLIC								CY PERIOD	
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN,	THE INSURANCE AFFORD	ED BY	THE POLICIE	S DESCRIBED				
INSR LTR TYPE OF INSURANCE	ADDL SUBI			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		K98154		07/15/2017	07/15/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 100,000	
	_					MED EXP (Any one person)	\$	5,000	
	-					PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	\$ \$		
						(Ea accident) BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
AUTOS AUTOS HIRED AUTOS AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$ \$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MAD	E					AGGREGATE	\$		
DED RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A					E.L. EACH ACCIDENT	\$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT			
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - FOLICT LIMIT	φ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	90)			
CERTIFICATE HOLDER CANCELLATION									
Jay Romasko Hartford, WI				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					
					Indo-	_			

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