ACORD	

DATE (MM/DD/YYYY)

	CERI	IFICATE OF L	IADILIII	INSUKA	INCE	,	
PRO	Insurance Compa Address	any Name	ONLY AI HOLDER.	ND CONFERS N THIS CERTIFIC	UED AS A MATTER OF TO RIGHTS UPON THE THE DOES NOT AMEN AFFORDED BY THE PO	E CERTIFICATE ID, EXTEND OR	
	Phone Number					NAIC#	
			INSURERS	INSURERS AFFORDING COVERAGE			
INSURED			INSURER A:	INSURER A: Carrier Name			
Customer Name			INSURER B:	INSURER B:			
	Address		INSURER C:				
			INSURER D:				
			INSURER E:				
TI Al M	VERAGES  TE POLICIES OF INSURANCE LISTED BELC  REQUIREMENT, TERM OR CONDITION  AY PERTAIN, THE INSURANCE AFFORDEI  DLICIES AGGREGATE LIMITS SHOWN MA	N OF ANY CONTRACT OR OTH D BY THE POLICIES DESCRIBED	ER DOCUMENT W HEREIN IS SUBJE	ITH RESPECT TO W	HICH THIS CERTIFICATE N	MAY BE ISSUED OR	
INSR LTR	ADD'L NSRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	<b>.</b>	
A	GENERAL LIABILITY				EACH OCCURRENCE	s 1,000,000	
ĺ	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000	
İ	CLAIMS MADE X OCCUR	ABC123	mm/dd/yy	mm/dd/yy	MED EXP (Any one person)	\$ 5,000	
					PERSONAL & ADV INJURY	\$ 1,000,000	
					GENERAL AGGREGATE	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A	AUTOMOBILE LIABILITY  X ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ALL OWNED AUTOS SCHEDULED AUTOS	ABC123	mm/dd/yy	mm/dd/yy	BODILY INJURY (Per person)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	X Schedule on File X MI - No Fault				PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				ALITO ONLY:	\$	
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
						\$	
	DEDUCTIBLE					\$	
	RETENTION \$		_			\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				TORY LIMITS   ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	ABC123	mm/dd/yy	mm/dd/yy		\$ 500,000	
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE		
	SPECIAL PROVISIONS below  OTHER				E.L. DISEASE - POLICY LIMIT	\$ 500,000	
i	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES / EXCLUSIONS ADDED BY ENDORS	EMENT/SPECIAL PRO	VISIONS			
Add	as Additional Insured: Indy I	Disposal Solutions, Inc	. and Merrell	Bros., Inc.			
CEI	RTIFICATE HOLDER		CANCELLA	ATION			
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION			
Merrell Bros., Inc.			DATE THERE	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN			
8811 W. 500 North			į	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
	Kokomo, IN 46901		IMPOSE NO O	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR			
			REPRESENTA	REPRESENTATIVES.			
İ			AUTHORIZED R	EPRESENTATIVE			