

# CHAMPAIGN-URBANA ELECTRICAL

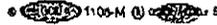
Joint Apprenticeship & Training Committee, Inc.

IBEW Union Local 601

3301 N. BOARDWALK DRIVE - P.O. BOX 3902

CHAMPAIGN, ILLINOIS 61826-3902

217-352-3704



August 26, 2014

To Whom It May Concern:

Bart Grimm has completed the 5 year IBEW/NECA Apprenticeship program. This program is registered with the United States Department of Labor. Registration # IL006-530001.

Robert Withers

Training Director  
IBEW Local 601

# CHAMPAIGN-URBANA ELECTRICAL

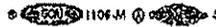
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217-352-3704



August 26, 2014

To Whom It May Concern:

Shannon Mingee has completed the 5 year IBEW/NECA Apprenticeship program. This program is registered with the United States Department of Labor. Registration # IL006-530001.

Robert Withers

A handwritten signature in black ink, appearing to read "Robert Withers", is written over the typed name.

Training Director  
IBEW Local 601

# CHAMPAIGN-URBANA ELECTRICAL

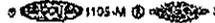
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August 26, 2014

To Whom It May Concern:

Frank Reveil has completed the 5 year IBEW/NECA Apprenticeship program. This program is registered with the United States Department of Labor. Registration # IL006-530001

Robert Withers

Training Director  
IBEW Local 601

# Certificate of Registration

STATE BOARD OF ELECTIONS

Registration No. 10396

**Glesco Electric, Inc.**

31303 Tatman Court

Suite 103

Urbana IL 61802

Information for this business last updated on:

Tuesday, January 07, 2014

Certificate produced on Tuesday, January 07, 2014 at 8:21 AM





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/22/2014

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 101 S. Main St. Ste 200 P.O. Box 140 Decatur IL 62525	<b>CONTACT NAME:</b> Tammy L. Whicker <b>PHONE (A/C No. Ex):</b> 217-233-3333 <b>E-MAIL ADDRESS:</b> tammy_whicker@ajg.com	<b>FAX (A/C No.):</b> 217-233-3303
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Glesco Electric Inc 3103 E Tatman Ct # 103 Urbana IL 61802	<b>INSURER A:</b> WESTFIELD INS CO <span style="float: right;">NAIC # 24112</span>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER: 1390053119** **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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary & Non-Co <input checked="" type="checkbox"/> Waiver of Subrog GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			TRA5575552	12/31/2013	12/31/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TRA5575552	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$0			TRA6575552	12/31/2013	12/31/2014	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	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 N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Equipment Floater			TRA5575552	12/31/2013	12/31/2014	Contractor Equip. 100,000

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

<b>CERTIFICATE HOLDER</b>  State of Illinois Illinois Commerce Commission 527 East Capitol Avenue Springfield IL 62701	<b>CANCELLATION</b>  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 