



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/7/2016

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 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 Arthur J. Gallagher Risk Management Services, Inc. 101 S. Main Street, Suite 200 Decatur IL 62523	CONTACT NAME: Cheryl Jeschawitz	
	PHONE (A/C, Ho, Ext): 217-423-2345	FAX (A/C, No): 217-428-0865
E-MAIL ADDRESS: Cheryl_Jeschawitz@ajg.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Cincinnati Insurance Company		10677
INSURER B: American Home Assurance Company		19380
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER: 1615496575	REVISION NUMBER:
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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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPP0871516	5/1/2015	5/1/2016	EACH OCCURRENCE	\$500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$500,000
						GENERAL AGGREGATE	\$500,000
						PRODUCTS - COMP/OP AGG	\$500,000
							\$
A	<input checked="" type="checkbox"/> 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		CPP0871516	5/1/2015	5/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$500,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$		CPP0871516	5/1/2015	5/1/2016	EACH OCCURRENCE	\$3,000,000
						AGGREGATE	\$3,000,000
							\$
B	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 <input type="checkbox"/>	WC67712877	4/30/2015	4/30/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
A	Installation Floater	N N	CPP0871516	5/1/2015	5/1/2016	Spec Form Deductible	\$ 1,000,000 \$ 2500

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

CERTIFICATE HOLDER	CANCELLATION
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1275, State of Illinois, Illinois Commerce Commission
527 E. Capitol Avenue
Springfield IL 62701

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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**CANCELLATION OR NONRENEWAL BY US
NOTIFICATION TO A DESIGNATED ENTITY**

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS PACKAGE POLICY
CLAIMS-MADE EXCESS LIABILITY COVERAGE PART
COMMERCIAL AUTO COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL UMBRELLA LIABILITY COVERAGE PART
DENTIST'S PACKAGE POLICY
EXCESS LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE PART
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE**

SCHEDULE

Name and mailing address of person(s) or organization(s):

State of Illinois, Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, IL 62701

Number of days notice (other than nonpayment of premium): 30

- A. If we cancel or nonrenew this policy for any statutorily permitted reason other than nonpayment of premium we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least the number of days shown in the Schedule before the effective date of cancellation or nonrenewal.
- B. If we cancel this policy for nonpayment of premium, we will mail notice to the person or organization shown in the Schedule. We will mail such notice at least 10 days before the effective date of cancellation.
- C. If notice is mailed, proof of mailing to the mailing address shown in the Schedule will be sufficient proof of notice.
- D. In no event will coverage extend beyond the actual expiration, termination or cancellation of the policy.

IA 4087 08 11

Rick Long

Summary of Accomplishments and/or Qualifications

- A.E. Staley 24th Street Substation Renovation, 15KV Improvements and Wet Milling Improvements - \$3.5 Million
- Taylorville Correctional Center Power Distribution - \$1.4 Million
- Diamond Star Motors – Assembly Line - \$1 Million
- Lincoln Land Community College Lighting Retrofit \$600,000
- Springfield Clinic Addition - \$500,000

Work Experience

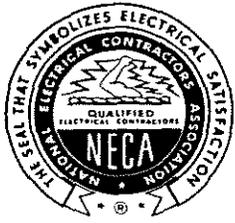
1990-Present Bodine Electric of Decatur 1845 N 22nd Street, Decatur IL 62525
Manager Branch Operations/ Estimating Manager
Oversee branch operations; hire and supervise office personnel; prepare detailed cost estimates, supervise men, purchase materials, critical path scheduling, job coordination; change order tracking; documentation; experienced in the installation of manufacturing and process controls; installation of electrical equipment and systems for various commercial, utility, institutional and industrial projects, including the design of electrical systems for such projects.

1989-1990 Egizii Electric of Decatur Decatur IL
Project Manager/Estimator
Prepare detailed cost estimates; supervise men and purchase materials; prepare monthly project billings.

1985-1989 Long Electric Decatur IL
Project Manager/Estimator
Prepare detailed cost estimates; supervise men and purchase material; prepare monthly project billings.
Apprentice/Journeyman Electrician
Industrial construction

1984-1985 Hubbard Electric Decatur IL
Apprentice Electrician
Traffic signal and street lighting construction; airport lighting

1983-1984 and 1979-1982 Baldwin & Associates Clinton IL
Electrician Helper/Welder
Construction of nuclear power plant; installation of cable tray, conduit and ground systems; certified welder.



The Trustees
of



The National Joint Apprenticeship and Training Committee

for the
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS.
and the
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION
in Cooperation with

THE DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT, UNIVERSITY OF TENNESSEE
on the Recommendation of the participating Faculty, do hereby confer onto

RICKEY LONG

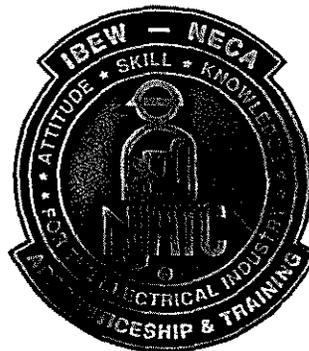
*this Diploma of Completion of The National Instructor Training Institute
and Certification as a Master Instructor/Trainer
with all the Rights, Privileges and Recognition herewith awarded.*

*In witness whereof this diploma is granted and the Seal of the NJATC and the signatures of the Institute Directors
and the Presidents of the IBEW and NECA are hereunto affixed.*

*Given at Knoxville in the State of Tennessee this fifteenth day of August
in the year of our Lord two thousand and three.*

A. J. Pearson
NJATC Executive Director

Willie Cook
Institute Co-Director



Edwin D. Hill
President IBEW

Ben Cook
President NECA

