

CONTRACTOR REGISTRATION
CITY OF NAPOLEON ORDINANCE 1116

NAME OF FIRM DOTSON P.L.B., HTG. & A.C. INC
ADDRESS 100 W. MAIN ST. CRIDEESVILLE, Ohio 45806
TELEPHONE 419-645-4078 DATE 11-23-93
LIABILITY INSURANCE auto, Comm. Gen. Liab., Stop. Acc., Empl., Bew. Liab.
COMPANY Bacon Insurance Co. of America AMOUNT 2,000,000.00
OHIO WORKMEN'S COMP.

TYPE OF REGISTRATION

- Builder.....
1. This registration is in accordance with ordinance 1116 of the City of Napoleon for the above marked classification. One, Two and Three Family Dwelling Code.
2. One registration form must be completed for each type of classification requested.
3. This form is not valid unless signed by an authorized agent of the firm and by the Building Commissioner.

[Signature]
Firm - Authorized Signature

.....
City of Napoleon Building Commissioner

STATE OF OHIO
BUREAU OF WORKERS' COMPENSATION
COLUMBUS, OHIO 43215
CERTIFICATE OF PREMIUM PAYMENT

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

PERIOD SPECIFIED BELOW

10-18-93 THRU 02-28-94

REPRODUCED AS NEEDED

[Signature]
CEO/ADMINISTRATOR

STATE OF OHIO
BUREAU OF WORKERS' COMPENSATION
COLUMBUS, OHIO 43215
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RISK NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

495450
M. S. STORAGE SYSTEMS INC
14059 LANDECK RD
DELPHOS OH 45833

07-01-93 THRU 02-28-94

BWC-1622 (Rev. 9/92)
DP-22

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

Wes Lindell
CEO/ADMINISTRATOR

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

11-30-93

PRODUCER
 ODENWELLER, WULFHORST & VANPELT
 INSURANCE AGENCY, INC.
 P. O. BOX 428
 DELPHOS, OHIO 45833

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY
A AMERICAN STATES INSURANCE COMPANY
- COMPANY
B THE CINCINNATI INSURANCE COMPANY
- COMPANY
C
- COMPANY
D

INSURED
 M & W STORAGE SYSTEMS, INC.
 AND MILLER HONES
 14059 LANDECK ROAD
 DELPHOS, OHIO 45833

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT	02-CC-109985-3	03-23-93	03-23-94	GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS-COMP/OP AGG	\$ 1,000,000
					PERSONAL & ADV INJURY	\$ 500,000
					EACH OCCURRENCE	\$ 500,000
					FIRE DAMAGE (Any one fire)	\$
					MED EXP (Any one person)	\$
					COMBINED SINGLE LIMIT	\$ 500,000
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	01-CC-659238-3	06-23-93	06-23-95	BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
					OTHER THAN AUTO ONLY:	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CCC 257 65 18	03-23-93	03-23-94	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE - POLICY LIMIT	\$
	OTHER				DISEASE - EACH EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 CONTRACTOR FOR RESIDENTIAL AND COMMERCIAL STRUCTURES

CERTIFICATE HOLDER
 CITY OF NAPOLEON
 NAPOLEON, OHIO

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
Mike Odenweller

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
11-19-93

PRODUCER
ODENWELLER, WULFHORST & VANPELT
INSURANCE AGENCY, INC.
P. O. BOX 428
DELPHOS, OHIO 45833

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COMPANIES AFFORDING COVERAGE

COMPANY
A AMERICAN STATES INSURANCE COMPANY

COMPANY
B

COMPANY
C

COMPANY
D

INSURED
SCHWINNEN ELECTRIC
609 E. EUCLID STREET
DELPHOS, OHIO 45833

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT	01-CL-245186-1	01-20-93	01-20-94	GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS-COMP/OP AGG \$ 1,000,000
					PERSONAL & ADV INJURY \$ 500,000
					EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ELECTRICAL CONTRACTOR

CERTIFICATE HOLDER

~~LIMA CONTRACTING~~
~~3678 ALLENTOWN ROAD~~
~~LIMA, OHIO 45807~~

M. Her Homes
3868 Euclid Rd
Lima Ohio

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Mike Odenweller

SCHEDULE A - SCHEDULE OF UNDERLYING POLICIES

INSURED Dotson Plumbing, Heating & Air Conditioning, Inc.
 EFFECTIVE ON AND AFTER March 1, 19 93, 12:01 A.M. STANDARD TIME
 THIS SCHEDULE FORMS PART OF POLICY NUMBER C 2948

CARRIER, POLICY NUMBER & PERIOD	TYPE OF POLICY	APPLICABLE LIMITS
(a) Beacon Insurance Company of America CP 2523 3/1/93 to 3/1/94	Automobile Liability	\$ 1,000,000. Bodily Injury and Property Damage Each Accident
(b) Beacon Insurance Company of America CP 2523 3/1/93 to 3/1/94	Commercial General Liability	\$ 2,000,000. General Aggregate (other than Products - Completed Operations) \$ 2,000,000. Products - Completed Operations Aggregate \$ 1,000,000. Personal and Advertising Injury \$ 1,000,000. Each Occurrence
	<input checked="" type="checkbox"/> Non-Owned automobile Liability <input checked="" type="checkbox"/> Hired Automobile Liability	\$ 1,000,000. Bodily Injury and Property Damage Each Accident
(c) Beacon Insurance Company of America CP 2523 3/1/93 TO 3/1/94	STOP GAP LIABILITY	\$ 1,000,000. Each Person \$ 1,000,000. Each Occurrence
(d)	EMPLOYERS' LIABILITY	\$ Bodily Injury by Accident Each Accident \$ Bodily Injury by Disease Policy Limit \$ Bodily Injury by Disease Each Employee
(e) Beacon Insurance Company of America GLA 51232 & CP 2523 3/1/93 to 3/1/94	Employee Benefits Liability	\$ 500,000. Any One Loss \$1,000,000. Aggregate

STATE OF OHIO
BUREAU OF WORKERS' COMPENSATION
COLUMBUS, OHIO 43215
CERTIFICATE OF PREMIUM PAYMENT

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THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

RISK NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

978997

07-01-93 THRU 02-28-94

DOTSON PLUMBING & HEATING INC
100 W MAIN ST
CRIDERSVILLE OH 45906

BWC-1622 (Rev. 9/92)
DP-22

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED

Wes Stinoble
CEO/ADMINISTRATOR