



CERTIFICATE OF LIABILITY INSURANCE

OP ID: GW

DATE (MM/DD/YYYY)

09/20/11

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 The Horton Group, Inc. www.thehortongroup.com 10320 Orland Parkway Orland Park, IL 60467 Commercial House Account | 708-845-3000 | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: RICHC-1 | FAX (A/C, No): |
| INSURED Rich Construction LLC 1075 Allison Street Crown Point, IN 46307 | ← | INSURER(S) AFFORDING COVERAGE INSURER A : Selective Ins. Co. of America INSURER B : Liberty Mutual Insurance Co. INSURER C : INSURER D : INSURER E : INSURER F : | NAIC # 12572 |

2011051522

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 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|-------------|-----------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | | S1747441 | 04/06/11 | 04/06/12 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 |
| | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 10,000 |
| | GEN L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL ADV INJURY \$ 1,000,000 |
| | POLICY <input checked="" type="checkbox"/> PRO-REC | | | | | | GENERAL AGGREGATE \$ 3,000,000 |
| | | | | | | | PROF JOBS / COMF/O-P \$ 3,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | HIRE AUTOS | | | | | | |
| | NON-OWNED AUTOS | | | | | | |
| | UMBRELLA LIAB | | CCUR | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | CLAIMS-MADE | | | | AGGREGATE \$ |
| | DEDUCT BLE | | | | | | \$ |
| | RETENTION \$ | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC734S507205010 | 04/20/11 | 04/20/12 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | Y | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |



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

This certificate of insurance supercedes the certificate of insurance issued on 09/19/11

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|--|--|
| CERTIFICATE HOLDER | CANCELLATION |
| LAKEC-1 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Lake County Planning Commission 2293 North Main Street Crown Point, IN 46307 | AUTHORIZED REPRESENTATIVE <i>Janet J...</i> |

AMOUNT \$ 12

CASH CHARGE

CHECK # _____

OVERAGE _____

COPY _____

NON-COM

CLERK AD