OP ID: CC

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/11

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 DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 fleu of such endorsement(s).

PRODUCER The Horton Group, Inc. www.thehortongroup.com 10320 Orland Parkway	70 8-845- 3000	CONTACT NAME: FAX PHOME (AC, No. Esti: E-MAL ADDRESS: PROMICER ALLOT 7				
Orland Park, N. 60467 Michael E. Zoladz		PRODUCER CUSTOMER ID # ALLST-7 MISURERISI AFFORDING COVERAGE INSURER A : Chartis Casualty Company	NAIC # 40258			
NSURED All Steel Structures, Inc 16301 S. Vincennes South Holland, IL 60473		INSURER B: Westfield Insurance Company INSURER C:	24112			
Ā		MSURER E: INSURER F:				

COVERAGES

CERTIFICATE NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE OF 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 AFORDED 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.

ADDITIONAL TYPE OF INSURANCE

ADDITIONAL TYPE OF INSURANCE

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TYPE OF INSURANCE ENERAL LIABILITY COMMERCIAL GENERAL LIABILITY	INSR Y	TWO I	POLICY NUMBER	POLICY SEP (WINDOYYYY)	WHILDOWALL		_	4 444 44
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						COMBINED SINGLE LIMIT		1,000,00
AUTOMOBILE LIABILITY					07/47/12	(Ea accident)	3	1,000,00
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						1100	<u> </u>	
WORKERS COMPENSATION						X TORY LIMITS ER	 _	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE []			WC001902122	02/17/11	02/17/12	E.L. EACH ACCIDENT	3	1,000,00
OFFICER.MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYE	\$	1,000,00
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DESCRIPTION OF OPENA (IONS SOON		_,						
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CERTIFICATE HOLDER	CANCELLATION	
Lake County Plan Commission	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACCORDANCE WITH THE POLICY PROVISIONS.	FORE ID IN
Planning & Building Dept		

Lake County Plan Commission Planning & Building Dept 2293 North Main Street Crown Point, IN 46307

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ACORD 25 (2009/09)

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