100.000

100,000

500,000



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 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).

219-109-4040							CT Kathy S	cheidt				
Briggs Agency, Inc. 4000 West Lincoln Highway					219-769-0216	PHONE (A/C, No, Ext): 219-769-4840 FAX (A/C, No): 219-769-0216					69-0216	
Mer	rillv	ille, IN 46410 A. Briggs				Annress kscheidt.brigg01@insuremail.net						
1 1111	·	A. Briggs				PRODUCER CUSTOMER ID #: CHAVEZ3						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
						INSURER A : Westfield Insurance Company					24112	
		dba Chavez Drywall				INSURER B : NCCI, Inc.						
206 Lake Vista Drive Porter, IN 46304							INSURER C:					
							INSURER D:					
						INSURER E:				<u> </u>		
						INSURER F:						
					E NUMBER:				REVISION NUMBER	· · · · · · · · · · · · · · · · · · ·		
		S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI										
C	ERT	FICATE MAY BE ISSUED OR MAY	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT			
INSR	XCL	JSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS		,		
LTR	<u> </u>	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		MITS		
		NERAL LIABILITY	i .						EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
Α	X	COMMERCIAL GENERAL LIABILITY			CWP5618176		12/22/10	12/22/11	PREMISES (Ea occurr) \$	100,000	
		CLAIMS-MADE X OCCUR							MED EXP (Any one p	\$	5,000	
					Docum	en	tis		PERSONAL & ADV INJURY	<u> </u>	1,000,000	
	-				Docum		C AO		GENERAL AGGREGATE	\$	2,000,000	
		V'L AGGREGATE LIMIT APPLIES PER:	. /		JOT OFF	TI	CIAI	1	PRODUCTS - COMP/OP AC		2,000,000	
	X	POLICY PRO- JECT LOC		1	101011			4.		\$		
	AU	OMOBILE LIABILITY	Ti	nis	Document is CWP5618176	the	prope 1 12/2 2 /10	ty of	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
Α	-	ANY AUTO		+1	cwp5618176 1e Lake Count	TV D	- 12/22/10 - CO16d	12/22/11	BODILY INDURY (Per perso	on)\$	~	
	<u> </u>	ALL OWNED AUTOS			ic Lake Couli	Ly II	ccor ac	1.	BODILY INJURY (Per accide	en r 7 \$	ý.	
	-	SCHEDULED AUTOS							PROPERTY DAMAGE	G12		
	X	HIRED AUTOS							(Per (Ccident)		·	
	X	NON-OWNED AUTOS							1	357		
ļ	 	UMBRELLA LIAB OCCUP							<u> </u>	202		
		- OCCOR							EACH DECURRENCE	355		
	-	OLAIWIS-IWADL							AGGREGATE			
	<u> </u>	DEDUCTIBLE							2 N	É \$ 5		

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

27082230

С	EF	RT.	IFIC	CAT	Έ	HC)LD	ER

RETENTION

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

Lake County Planning

Crown Point, IN 46307

Commission

If yes, describe under DESCRIPTION OF OPERATIONS bel

В

LAKE009

CASh I non com

Planning & Bldg. Dept. 2293 N. Main St.

CANCELLATION

09/30/11

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

X WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT | \$

09/30/12

AUTHORIZED REPRESENTATIV

Timothy A. Briggs

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ACORD 25 (2009/09)

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