

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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, A	AND THE	CERTIFICATE HOLDER				The second state of the second	A), AUTOMIZED									
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endo	r is an AD y, certain	DITIONAL INSURED, the policies may require an	e policy(le endorsem	a) must t ent. A st	e endorsed	. If SUBROGATION IS WA	VVED, subject to nfer rights to the									
PRODUCER	- aginonida	· /·														
PRODUCER RON J. Prestamer Agency, Inc. 7207 Indianapolis Blvd., Ste 1 Hammond, IN 46324 Ron J. Prestamer INSURED Lakewood Construction, Inc.				A PHONE (AC, No, EXIL): E-MAIL ADDRESS: PRODUCER CUSTOMER ID S: LAKEW-1 INSURER(S) AFFORDING COVERAGE NAIC S												
									1420 E. 89th Ave Bidg. A2				INSURERA: State Auto			
									Merrillville, IN 46410			INSURER	INSURER 8:			
												MELIDED	MSURER C:			
									4				INSURER D: INSURER E:			
	RTIFICATI	NUMBER:				REVISION NUMBER:	· · · · · · · · · · · · · · · · · · ·									
THIS IS TO CERTIFY THAT THE POLICIEE INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH MEET	PERTAIN, POLICIES.	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	DED BY THE BEEN RE	E POLICIE DUCED BY	OK OTHER	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT	POLICY PERIOD TO WHICH THIS ALL THE TERMS,									
NER TYPE OF INSURANCE	MBR WVD	POLICY NUMBER	(M	OLICY EFF MODYYYY)	MANDDAYYYY	LIMITS										
GENERAL LIABILITY				<u> </u>	(CONTRACTOR OF THE PARTY OF TH		4 222 22									
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CLAIMS-MADE X OCCUR	~	5. 220.321-00		JOYUUY I'I	00/03/12	PREMISES (Es occurrence) \$	100,000									
J OCCUR					ł	MED EXP (Any one person) \$	5,000									
			ĺ			PERSONAL & ADV INJURY &	№1,000,000									
						GENERAL AGGREGATE	2.000,000									
GEN'L AGGREGATE LIMIT APPLIES PER:																
POLICY PRO-			me	nt i	2	PRODUCTS - COMPAOP AGG \$	2,000,000									
AUTOMOBILE LIABILITY	Х		****	TT I	9	8										
X ANY AUTO		NIOTI OI		OI	ATO	COMBINED SINGLE LIMIT (Fin accident)	1,000,000									
ANYAUTO		BAP2111253 \		8/05/11	08/05/12											
ALL OWNED AUTOS						BODILY.INJURY (Per person) \$										
8CHEDULED AUTOS		is Document	t is th	e pro	perty	BODILY INJURY (Per accident) \$	()									
HIRED AUTOS				_	_	PROPERTY DAMAGE	7									
NON-OWNED AUTOS		the Lake Co	unty	Reco	rder!	(Per accident)										
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EXCESS LIAB CLAIMS-MADE	4															
DEDUCTIBLE							~ -									
RETENTION &						3										
WORKERS COMPENSATION						8										
AND EMPLOYERS' LIABILITY				1	· · · · · · · · · · · · · · · · · · ·	X WC STATU- OTH-	~									
ANY PROPRIETURAPARTNER/EXECUTIVE	N/A	NCP2111243	0	B/05/11	08/05/12	E.L. EACH ACCIDENT	100,000									
(Mandatory In NM)						E.L. DISEASE - EA EMPLOYEE \$										
If yes, describe under DESCRIPTION OF OPERATIONS below							7 100,000									
			attillity.			E.L. DISEASE - POLICY LIMIT &	500,000									
		TILL	ER'S	0.	1	<u> </u>	S -1/2									
PCPIPTION OF ORCONTIONS AS POST TOWN	N. J.	T. O.	desired (<u> </u>	o (3'' \c									
SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE THE TOTAL CONTRACTOR	=5 (Attach A	ORD 191, Additional Remarks S	ichedule, If ma	re apace la r	(beniupe	TO COL	12.00 - non Conf									
PTIEICATE NOI DES			SEAL	3			20 UK									
RTIFICATE HOLDER			CANCEL	ATION		9	C. 1									
		LAKECOU														
			SHOULD	ANY OF TH	HE ABOVE DE	SCRIBED POLICIES BE CANC	ELLED BEFORE									

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Lake County Plan Commission 2293 N Main St Crown Point, IN 46307

AUTHORIZEDA Trestomes 41 Ron J. Fre

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