# CERTIFICATE OF LIABILITY INSURANCE

OP ID JW

DATE (MM/DD/YYYY) 07/01/11

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**

Regnier Insurance Services
2705 Highway Avenue
Highland IN 46322
Phone:219-972-1330 Fax:219-972-7574

CONTACT NAME: Patrick S. Conley
PHONE (A/C, No, Ext): 219-972-1330 FAX (A/C, No): 219-972-7574
E-MAIL ADDRESS: patc@ris-ins.com
PRODUCER CUSTOMER ID #: PIERC-1

**INSURED**

Pierce Plumbing, Inc.
Steve & Sandra Pierce
3334 Michigan St.
Hobart IN 46342

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A: | Indiana Insurance Company | 22659 |
| INSURER B: | Consolidated Insurance | 22640 |
| INSURER C: | The Netherlands Insurance Co | 24171 |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

**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 | |
|---|---|---|---|---|---|---|---|---|
| | **GENERAL LIABILITY** | | | | | | | |
| C | [X] COMMERCIAL GENERAL LIABILITY | | | CBP9622119 | 08/22/11 | 08/22/12 | EACH OCCURRENCE | $ 1,000,000 |
| | [ ] CLAIMS-MADE [X] OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | [X] POLICY [ ] PRO-JECT [ ] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | | | | | | | | $ |
| | **AUTOMOBILE LIABILITY** | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ 1000000 |
| | [ ] ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | [ ] ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| B | [X] SCHEDULED AUTOS | | | BA9622219 | 08/22/11 | 08/22/12 | PROPERTY DAMAGE (Per accident) | $ |
| B | [X] HIRED AUTOS | | | BA9622219 | 08/22/11 | 08/22/12 | | $ |
| B | [X] NON-OWNED AUTOS | | | BA9622219 | 08/22/11 | 08/22/12 | | $ |
| | | | | | | | | $ |
| A | [X] UMBRELLA LIAB [X] OCCUR | | | CU9622619 | 08/22/11 | 08/22/12 | EACH OCCURRENCE | $ 1000000 |
| | [ ] EXCESS LIAB [ ] CLAIMS-MADE | | | | | | AGGREGATE | $ 1000000 |
| | [ ] DEDUCTIBLE | | | | | | | $ |
| | [X] RETENTION $ 10000 | | | | | | | $ |
| B | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N | | | WC9622419 | 08/22/11 | 08/22/12 | [ ] WC STATU-TORY LIMITS [X] OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N/A (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ 500000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 500000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 500000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Scope of Work: Plumbing Contractor

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**CERTIFICATE HOLDER**

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

LK PLAN
Dec
Rev
Com
(S)
Rev

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Patrick A Conley

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