CE BE	IS CERTIFICATE IS ISSUED AS A MATTEI RTIFICATE DOES NOT AFFIRMATIVELY (LOW. THIS CERTIFICATE OF INSURANC PRESENTATIVE OR PRODUCER, AND TH	OR NEGATE DOES N	TIVELY AMEND, EXTEND OR NOT CONSTITUTE A CONTRA	ALTER T	HE COVER	AGE AFFORD	ED BY THE PO	LICIES			
IMi the	PORTANT: If the certificate holder is an ADI terms and conditions of the policy, certain p	DITIONAL olicies ma	INSURED, the policy(ies) mus	t be endor	sed. If SUB on this certifi	ROGATION IS cate does not c	WAIVED, subjectonfer rights to t	ect to the			
	tificate holder in lieu of such endorsement(s))		CONTACT	Tom	le Hamlew					
PRODUCER					NAME: TEMPTE HAT TON						
Crowel Agency Inc.					E MAII						
	4 Kennedy Avenue			ADDRESS:		Oweillisui	ance. com				
Hīg	jhland, IN 46322			CUSTOME	R ID #:	· · · · · · · · · · · · · · · · · · ·				1	
					11		CHOING COVERAGE	N		NAIC#	
NSURED V					INSURERA: United Fire Group						
Ronald Lewis dba					INSURER B: Progressive Insurance INSURER C: Accident Insurance Company						
R & J Construction					TOOLEGO Tooleg						
1620-3 Cline Ave.					INSURER D:						
	Schererville, In 46375			INSURER E:							
			r NUMBER 10 11	INSURER	: :		REVISION N	LIMPER			
CO/	/ERAGES CERTIFY THAT THE POLICIES OF	TIFICATI	E NUMBER: 10-11	DEENLICE	UEO TO TI				LIC	Y PERIOD	
INI	IIS IS TO CERTIFY THAT THE POLICIES C DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY PE ICLUSIONS AND CONDITIONS OF SUCH	QUIREMEN RTAIN. TH	NT, TERM OR CONDITION OF HE INSURANCE AFFORDED (F ANY CO BY THE PO	NTRACT OI OLICIES DE	R OTHER DOC SCRIBED HER	CUMENT WITH REIN IS SUBJE	RESPECIME) WI	HICH THIS	
NSR LTR		ADDL SUBI			POLICY EFF	POLICY EXP		LIMITS			
LIK	GENERAL LIABILITY	WAY MAT				08/01/2012	EACH OCCURR		\$	1,000,000	
A	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RE	NTED occurrence)	\$	100,000		
	CLAIMS-MADE X OCCUR						MED EXP (Any o		\$	5,000	
						1	PERSONAL & A	DV INJURY	\$	1,000,000	
							GENERAL AGG	REGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Door	100	nt i		PRODUCTS - C	OMP/OP AGGT	\$	7,000,000	
	POLICY PRO- JECT LOC		Docu	1114				무	\$	O Sin	
	AUTOMOBILE LIABILITY X ANY AUTO		NOTA02264	096-90	8/22/2011	08/22/2012	COMBINED SIN (Ea accident)		\$	300,000	
	ALL OWNED AUTOS	7					BODILY INJURY		5		
В	V and the state of					-	PROPERTY DA	(Per accident)	•		
	X HIRED AUTOS		the Lake Co	unty	Reco	rder!	(Per accident)	WYDE I	\$	8 4	
	X NON-OWNED AUTOS							2 7	\$	C: C:	
	NON-OTHER ACTOR								\$		
	UMBRELLA LIAB OCCUR						EACH OCCURR	RENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$		
	DEDUCTIBLE								\$		
	RETENTION \$								\$		
-	WORKERS COMPENSATION		1273039-S3	54692 1	0/15/2011	10/15/2012	X WC STAT	U- OTH- TS ER			
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACC	i i	\$	500,000	
C	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11/2					E.L. DISEASE -	EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below		TULL	EP'C	<u> </u>		E.L. DISEASE	POLICY LIMIT	\$	500,000	
			ALOR!	9.5						.6	
							AMC	UNT \$		/2	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC			Schedule, if	more space i	s required)	CASH		er on Note	50%	
Gen	eral Contractor wich inclu	des si	ding & carpentry	يحيج			/	,	JOHAN	2 1 40 m. Co Sharan and and	
				SEAV	3			CK #			
VI.I./ND					DIANALUI						
CERTIFICATE HOLDER					CANCELLATION COPY						
FA	K: 219.755.3712	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, MOTION WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
Lake County Plan Commission					AUTHORIZED REPRESENTATIVE						
2293 N. Main Street					Jenge Holen						
Crown Point, IN 46307						MILL	Hon	~~			

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2011

ACORD 25 (2009/09)

ACORD,

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