

## CERTIFICATE OF LIABILITY INSURANCE

OP ID: CH
DATE (MM/DD/YYYY)

06/20/12

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.

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). 219-769-6616 CONTACT NAME: PRODUCER Rothschild Agency, Inc 8979 Broadway Merrillville, IN 46410-Dean Rothschild FAX (A/C, No): PHONE (A/C, No, Ext):
E-MAIL
ADDRESS:
PRODUCER
CUSTOMER ID #: SCHILC1 NAIC # INSURER(S) AFFORDING COVERAGE 10677 INSURER A: The Cincinnati Insurance Cos. INSURED **Schilling Construction Inc** D. R. Schilling Construction, Inc INSURER B: P.O. Box 657 INSURER C: Saint John, IN 46373 INSURER D: INSURER E : INSURER F :

							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.										
INSF LTR	R TYPE OF INSURANCE		ADDL	NDL SUBR NSR WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
		IERAL LIABILITY						EACH OCCURRENCE	\$ 1,	,000,000
A	Х	COMMERCIAL GENERAL LIABILITY			EPP0025665	06/30/12	06/30/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
					Doortes	4:0		PERSONAL & ADV INJURY	\$ 1.	,000,000
					Documen	1115		GENERAL AGGREGATE	\$ 2	,000,000
	GEN	V'L AGGREGATE LIMIT APPLIES PER:		/ n	TOT OFFI	TAT		PRODUCTS - COMP/OP AGS	\$ 2	,000,000
		POLICY PRO- JECT LOC		1	NOT OFFI		1.	<u> </u>	\$	
	AUT	OMOBILE LIABILITY	T	his	Document is the	nronei	ty of	COMBINED SINGLE LIMITED	\$ <b>3</b> × m	
		ANY AUTO				_		BODILY INJURY (Per person)	s C)	
ł		ALL OWNED AUTOS		t.	he Lake County R	lecorde	r!	BODILY INJURY (Per accident)	\$ 3,33	
		SCHEDULED AUTOS						PROPERTY DAMAGE	mze	
		HIRED AUTOS						(Per accident)	, S -1 P	
		NON-OWNED AUTOS						N	\$ 30 3	
								မ ယ	\$ C	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
Ì		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DEDUCTIBLE							\$	
		RETENTION \$						WC STATU- OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under				EGEOER'S OF			TORY LIMITS ER	ļ	
								E.L. EACH ACCIDENT	\$	,
1								E.L. DISEASE - EA EMPLOYEE		
_	DÉS	CRIPTION OF OPERATIONS below			EPP0025665	06/30/12	06/30/13	E.L. DISEASE - POLICY LIMIT	\$	15,000
Α	ımıa	nd Marine			EFF-0025003	00/30/12	00/30/13	Ded		500
L_	CDIE	ION OF OPENATIONS / LOCATIONS / VEHICLE	F6 (		ACORD 404 Additional Remarks Schodule	if more chace in	roquirofi	Den	LIO	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  General Contractor										

CERTIFICATE HOLDER

LAKE CO PLANNING COMMISSION

2293 NORTH MAIN ST CROWN POINT, IN 46307 CANCELLATION LAC9003

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

OTHORIZED REPRESENTATIVE

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