CORD

DATE (MW/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE 8/20/2012 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(les) 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). | FAX (708)-2-7677 Hicks Insurance Group 19144 8 88th Ave INSURER(S) AFFORDING COVERAGE NAIC # 18986 NSURER A Auto-Owners Insurance IL 60448 Mokena ŀ INSURER 5 INSURED 16 Pyramid Painting & Decorating, Inc. INSURER C 5205 Deerfield Drive INSURER D :  $\boldsymbol{\omega}$ INSURER E 60450-9747 INSURER F : <del>e</del>n Morris CERTIFICATE NUMBER:CL127202142 REVISION NUMBER: COVERAGES 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. POLICY EFF POLICY EXP POLICY NUMBER TYPE OF INSURANCE 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (En occurri GENERAL LIABILITY 300,000 X COMMERCIAL GENERAL LIABILITY 7/15/2013 10,000 7/15/2012 MED EXP (Any one person) 094604-07083789 CLAIMS-MADE X OCCUR A 1,000,000 PERSONAL & ADV INJURY ,2,000,000 GENERAL AGOREGATE PRODUCTS - COMPIOP AGG 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: Weined elikers rimi <u>\$</u>,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Ref person) BODILY INJURY THE ACCIDENT ACCIDENT DAMAGE (Per accident) ANY AUTO A 7/15/2013 3 4808378902 X AUTOS NON-OWNED AUTOS ALL OWNED is the property of Document HIRED AUTOS S 1,000,000 Uninsured motorist SI split limit 5,000,000 EACH OCCURRENCE UMBRELLA LIAB OCCUR 8 AGGREGATE I EXCESS LIAB CLAIMS-MADE 7/15/2012 7/15/2013 48-083789-01 DED X RETENTIONS 10,000 X WC STATU-WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETORPARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
[Mandatary in NH) ,000,000 E.L. EACH ACCIDENT 7/15/2013 1,000,000 07017116 E L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Painting Contractor 12.00 non cont CANCELLATION CERTIFICATE HOLDER

(219) 755-3712

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

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

Michael Bulow/EILEEN

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