



# CERTIFICATE OF INSURANCE

DATE ISSUED (MM/DD/YY)  
9/18/12

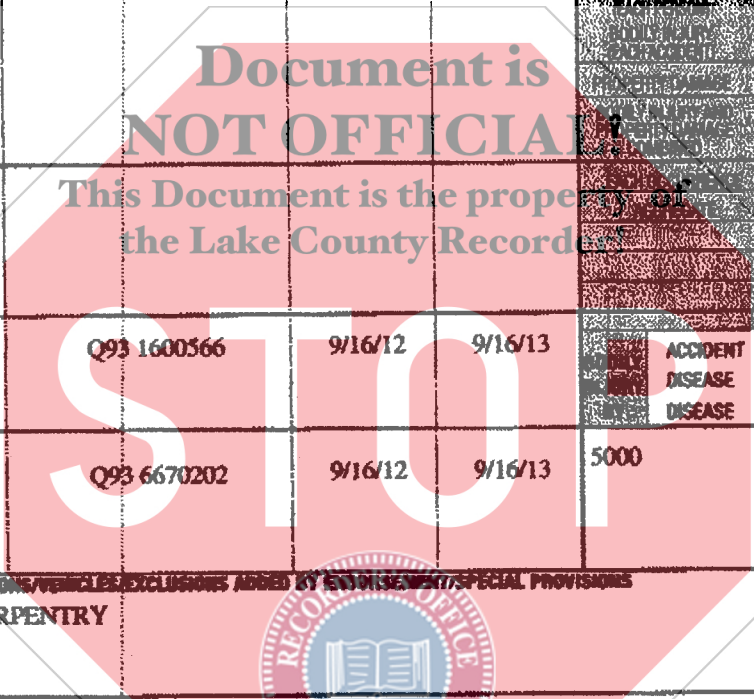
— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000  
Toll free 1.800.458.0611 • Fax 814.870.3126 • www.erieinsurance.com

<b>NAME AND ADDRESS OF AGENCY</b> GALLINA INSURANCE AGENCY 102 S. VAN RENSSELAER STREET RENSSELAER, IN 47978-2815  (219)866-0834	<b>AGENT'S NO.</b> FF1310	Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
<b>NAME AND ADDRESS OF NAMED INSURED</b>  NEW HEIGHTS CONSTRUCTION 8582 LOUISIANA PL MERRILLVILLE, IN 46410		This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  NEW PL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q29 0220888	8/30/12	8/30/13	BODILY INJURY PROPERTY DAMAGE MEDICAL EXPENSES PERSONAL AUTOMOBILE ADVERTISING POLLUTANT PRODUCTS	\$ 1,000,000 \$ 50,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000	
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE				BODILY INJURY PROPERTY DAMAGE MEDICAL EXPENSES PERSONAL AUTOMOBILE ADVERTISING POLLUTANT PRODUCTS		
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$						
<input type="checkbox"/> WORKERS COMPENSATION & EMPLOYERS LIABILITY	Q93 1600566	9/16/12	9/16/13	ACCIDENT DISEASE DISEASE	\$ 100,000 EACH ACCIDENT \$ 500,000 POLICY LIMIT \$ 100,000 EACH EMPLOYEE	
<input type="checkbox"/> OTHER SURETY BOND	Q93 6670202	9/16/12	9/16/13	5000		\$ 12 CS



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 SPECIALTY: ROOFING, CARPENTRY  
 2012 0639  
 NON COMF Cr

**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.

**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).

<b>NAME AND ADDRESS OF CERTIFICATE HOLDER</b> LAKE COUNTY PLAN COMMISSION 2293 N MAIN ST CROWN POINT, IN 46307	<b>AUTHORIZED REPRESENTATIVE</b> 
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