| | | 939-1515 | CATE OF LIABI | THIS CERT | IFICATE IS ISS | SUED AS A MATTE | R OF IN | 1/05/2012 FORMATION | |
|--------------------------|------------------------------------|-----------------------------|--|--|--|--|----------------------|---|--|
| lag | Insuran | ce Services In | ne | ONLY AN | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND EXTEND OR | | | | |
| | | kson Blvd #94 | | I MULUER. | IMIS CERTIFIC | ATE DOES NOT A | MEND S | EYTEND OD | |
| ه اسط | | | | | | | - | | |
| Dica | ıgo | IL 60 |)604- | INSURERS AFFORDING COVERAGE | | | NAIC# | | |
| | rist Plu | mbing & Laws | Sprinkling Co, Inc | | INSURER A West Bend Mutual Ins Co | | | ************************************** | |
| 1526 | Chicag | o Road - | J | INSURER B | | | —∞ | | |
| Total Childago Road | | | | INSURER C: | | | - 0 | | |
| olto | n | IL 60 | 1419- | INSURER D: | | | | | |
| OVER | AGES | | | I MSUKER E: | | **** | | | |
| HE IN | SURANCE AL | FFORDED BY THE PO | W HAVE BEEN ISSUED TO THE INS NY CONTRACT OR OTHER DOCUME ICLES DESCRIBED HEREIN IS SU | | | | | | |
| GGRE R ADD | L CHARLE | SHOWN MAY HAVE BEI | REDUCED BY PAID CLAIMS. | | POLICY EXPIRATION | | ONG OF S | JOH POLICIES | |
| X | | | POLICY NUMBER BCD 0132082 | 04/25/2013 | The second secon | | LIMITS | | |
| | | RCIAL GENERAL LIABILITY | 0132002 | 04/25/2013 | 04/25/2014 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence | \$ | 1,000,00 | |
| x | | AIMS MADE X OCCUR | | | 1 1 1 | *** | | 200,00 | |
| | | | | , | proposada a serior | MED EXP (Any one perso | | 5,00 1,000,00 | |
| | | : | | 111 | | PERSONAL & ADV INJU | 8Y \$ \frac{1}{27} | 2,000,00 | |
| | GEN'L AGGR | EGATE LIMIT APPLIES PER | | | | PRODUCTS - COMPION | | 2,000,00 | |
| 4 | POLICY | X JECT LOC | | 1 1 | 1.1 | FRODUCTO - COMPTOP | 0 | 30 | |
| X | AUTOMOBIL | E LIABILITY | BCD 0132082 | 04/25/2013 | 04/25/2014 | COMBINED SINGLELIM | -0 | 1,809,00 | |
| | X ANY AU | то | | | | (Ea accident) | s | APPEND THE PERSON. | |
| | ALL OV | MED AUTOS | | 11 | 11 | BODILY INJURY | gua II. | 93 | |
| | | ULED AUTOS | | | | BODILY INJURY (Per person) | ; | 3 5 | |
| | X HIRED | 7.7 | Docu | ment i | SXX | BODILY INJURY | + | *************************************** | |
| | X NON-O | WNED AUTOS | NOTION | | A T . | (Per accident) | \$ | | |
| | <u> </u> | | NOTOR | FICI | A/L! | PROPERTY DAMAGE (Rer accident) | s | | |
| 1 | GARAGE LIA | ABILITY | This Document | to the nre | morty of | | | | |
| | ANY AU | то | | | | AUTO ONLY - EA ACCIDI | | | |
| | | | the Lake Co | unty Reco | rder! | AUTO ONLY | ACC s AGG s | | |
| X | | BRELLA LIABILITY | CPD 0019145 | 04/25/2013 | 04/25/2014 | EACH OCCURRENCE | AGG \$ | 5,000,00 | |
| | X occur | CLAIMS MADE | | | | AGGREGATE | s | 5,000,00 | |
| | | | | | | | s | | |
| | DEDUC | | | | 11 | | \$ | *************************************** | |
| 140 | | TION \$10,000 | | | | | \$ | | |
| EMP | RKERS COMPEI 'LOYERS' LIABI | LITY | WCD 0122766 | 04/25/2013 | 04/25/2014 | X WC STATU- TORY LIMITS | OTH- ER | | |
| ANY OFF | PROPRIETOR/I | PARTNER/EXECUTIVE EXCLUDED? | | | | E.L. EACH ACCIDENT | \$ | 1,000,00 | |
| If ye | s, describe under CIAL PROVISIO | NC hoims | | | | E.L. DISEASE - EA EMPL | | 1,000,00 | |
| ОТН | | ies celow | | 1 Um/~ / | 1 1 | E.L. DISEASE - POLICY L | IMIT s | 1,000,00 | |
| | | | TUIL | ER'S | 1 1 | | | | |
| | | | | 11 | 11 | | | | |
| SCRIPT | ION OF OPERA | TIONS/LOCATIONS/VEHICLI | S/EXCLUSIONS ADDED BY ENDORSEME | NT/SPECIAL PROVISIO | NS | <u> </u> | | | |
| he o | work pre | scormed: Lawn Spr | inkling & Plumbing | العَلِدُ العَلِدِ | | | | \mathcal{C} | |
| | | | | EAL | | | | A 12 | |
| RTIFI | CATE HOLE | DER | | CANCELLATIO | ON | | | - 120 | |
|) |) - () FAX- | | | 1 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE | | | | |
| | | | | EXPIRATION DA | THEREOE TO | E ISSUMO MONOCES BE | CANCELLED | BEFORE THE | |
| | | | | EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL | | | | | |
| | | ounty Plan Com | | AND DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE | | | | | |
| Planning & Building Dept | | | | INSURER, ITS AGENTS OR REPRESENTATIVES. | | | | | |
| | | orth Main Str | | AUTHORIZED REPRESENTANTS | | | | | |
| | Crown E | Point | IN 46307- | 1 2 2 2 2 2 | Maria Cara Cara Cara Cara Cara Cara Cara | > # W/ | | | |

© ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



ACORD 25 (2001/08)