



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2012

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(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)

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| PRODUCER Spitz & Miller Insurance Agency Inc. 101 West Columbia Griffith IN 46319 | CONTACT NAME Spitz & Miller Insur | |
| | PHONE (A/C No. Ext.) (219) 924-8700 | FAX (A/C No.) (219) 924-8770 |
| INSURED Vargas Landscaping & Construction Inc. 278 Manstee Calumet City IL 60409 | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A Capitol Indemnity | NAIC # |
| | INSURER B | |
| | INSURER C | |
| | INSURER D | |
| | INSURER E | |

COVERAGES CERTIFICATE NUMBER: CL12121001595 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT |
|----------|--|-----------|--|------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | | OX02199341-FT-01 | 12/10/2012 | 12/10/2013 | EACH OCCURRENCE 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER | | | | | | PERSONAL & ADV. INJURY 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | PRODUCTS - COMP/OP AGG 1,000,000 |
| | <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS | | <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) 1,000,000 |
| | <input type="checkbox"/> HIRED AUTOS | | <input type="checkbox"/> NON-OWNED AUTOS | | | | BODILY INJURY (Per person) \$ |
| | UMBRELLA LIAB | | | | | | BODILY INJURY (Per accident) \$ |
| | EXCESS LIAB | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | DED | | | | | | RETENTION \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | EACH OCCURRENCE \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | AGGREGATE \$ |
| | If yes describe under DESCRIPTION OF OPERATIONS below | | | | | | WC STATU-TORY LIMITS |
| | | | | | | | OTH-ER |
| | | | | | | | E L EACH ACCIDENT \$ |
| | | | | | | | E L DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E L DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Landscape and Lawn Maintenance

\$12
CS
non
comf
CS

| | |
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| CERTIFICATE HOLDER (219) 755-3712 Lake County Planning Commission 2293 North Main Street Crown Point, IN 46307 | 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. AUTHORIZED REPRESENTATIVE Phillip Shields/NLC |
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