

## CERTIFICATE OF LIABILITY INSURANCE

219 464 9826

DATE (MM/DD/YYYY) 4/16/2012

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 certificated on the certain policies may require an endorsement. certificate holder in lieu of such endorsement(s)

Softmente notes in note of Cabil Graditation (C)						
PRODUCER  MacLennan & Bain Insurance  214 Aberdeen Drive				CONTACT Shawn Dickt PHONE [A/C. No. Ext): (219) 464-0100 E-MAIL ADDRESS: shawn@maclennanbain.com		
				INSURER(S) AF	INSURER(S) AFFORDING COVERAGE:	
Valparaiso	IN	46385		INSURER A : Consolidated	<u> </u>	22640
NSURED HOMEWURKS, LLC 18180 WHITE OAK AVENUE				INSURER B : Indiana Insu	rance Companies	22659
				INSURER C :		
			INSURER D :			
				INSURER E :	N	
LOWELL	IN	46356		INSURER F :		
COVERAGES		CERTIFICATE NU	MBER:CL124162	23706	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. ADDL SUB-TYPE OF INSURANCE GENERAL LIABILITY EACH OCCURRENCE

DAMAGE TO CHITED

PREMISES (Episcurrence) 1,000,000 X COMMERCIAL GENERAL LIABILITY 50,000 PERSONAL & ADV INJURY
GENERAL AGGRES 71/2012 6/1/2013 CCP8036466 CLAIMS-MADE X OCCUR 5,000 137 1,000,000 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - MP/OP ASG X POLICY PRO-JECT AUTOMOBILE LIABILITY Document is the property

2,000,000 COMBINED SMALE LIMID (Ea Ccident)

BODEY INJUNA (Per pason) 1,000,000 X ANY AUTO tl 88 03 63 66 County Record 6/1/2013 A BODILY INJURY (Per accident) ALL OWNED AUTOS SCHEDULED \$ AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ Hired/borrowed X OCCUR UMBRELLA LIAB 1,000,000 EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE В AGGREGATE 1,000,000 DED X RETENTIONS 10,000 C8036566 5/1/2012 6/1/2013 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X WC STATU-TORY LIMITS AND EMPLOYER'S LIABILITY
ANY PROPRIETORIPARTNER'EXECUTIVE
OFFICER'MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT 500,000 N В C8036566 5/1/2012 6/1/2013 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
General Contractor

CERTIFICATE HOLDER

CANCELLATION

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

HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISIONS. WILL BE DELIVERED IN

**AUTHORIZED REPRESENTATIVE** 

W Lindburg CPCU/AI

ACORD 25 (2010/05) INS025 (201005).01

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