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A	CORD	

## CERTIFICATE OF LIABILITY INSURANCE

PIERC-1 OP ID: JW

08/21/12

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).

RODUCER	219-972-1330 NAME:		s. Conley			
egnier Insurance Services 05 Highway Avenue	219-972-7574 PHONE	, Ext): 219-97	2-1330		X C, No): 2	19-972-7574
ohland, IN 46322	E-MAIL ADDRES	<sub>ss:</sub> patc@ris	s-ins.com	·.	~	
atrick Conley, CPCU		INS	URER(S) AFFOR	DING COVERAGE		NAIC#
	INSURE	RA:Indiana	Insurance	Company		22659
SURED Pierce Plumbing, Inc.	INSURE	RB: Consoli	idated Insu	rance	2	22640
Steve & Sandra Pierce				surance Co		24171
3334 Michigan St.	INSURE				0	
Hobart, IN 46342	INSURE				9	
' '\	INSURE					
OVERAGES CERTIFICATE N		KF:	-	REVISION NUMB	<b>ERIO</b>	
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, TH	IE INSURANCE AFFORDED BY	THE POLICIE	s describei	HEREIN IS SUBJE	ECT TO	ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIN	MITS SHOWN MAY HAVE BEEN I	REDUCED BY	PAID CLAINS.			
		POLICY EFF	POLICY EXP		LIMITS	
	POLICY NUMBER	POLICY EFF	POLICY EXP	EACH OCCURRENCE	LIMITS	1,000,0
R TYPE OF INSURANCE ADDL SUBR INSR WYD GENERAL LIABILITY		POLICY EFF	POLICY EXP	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre	\$	400.0
R TYPE OF INSURANCE ADDL SUBRINSR WYD GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	DAMAGE TO RENTED PREMISES (Ea occurre	snce) \$	100,00
R TYPE OF INSURANCE ADDL SUBR INSR WYD GENERAL LIABILITY	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	DAMAGE TO RENTED	nce) \$	100,00
R TYPE OF INSURANCE ADDL SUBRINSR WYD GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	DAMAGE TO RENTED PREMISES (Ea occurre MED EXP (Any one per	son) 3 SURY 3	100,00 5,00 1,000,00
GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	POLICY NUMBER BP9622119	POLICY EFF (MM/DD/YYYY) 08/22/12	POLICY EXP (MM/DD/YYYY) 08/22/13	DAMAGE TO RENTED PREMISES (Ea occurre MED EXP (Any one per PERSONAL & ADVINJ	son) 3 s	100,00 5,00 1,000,00
GEN'L AGGREGATE LIMIT APPLIES PER:  ADDL SUBR INSR WYD  ADDL SUBR INSR WYD  ADDL SUBR INSR WYD  CE  ADDL SUBR INSR  OCE  OCE  ADDL SUBR INSR  OCE  OCE  ADDL SUBR INSR  OCE  OCE  OCE  OCE  OCE  OCE  OCE  OC	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) 08/22/12	POLICY EXP (MM/DD/YYYY) 08/22/13	DAMAGE TO RENTED PREMISES (Ea occurre MED EXP (Any one per PERSONAL & ADVINJI GENERAL AGGREGAT	son) 3 s	100,00 5,00 1,000,00 7, 2,000,00
GER TYPE OF INSURANCE ADDL SUBRINSR WYD GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	POLICY NUMBER BP9622119	POLICY EFF (MM/DD/YYYY) 08/22/12	POLICY EXP (MM/DD/YYYY) 08/22/13	DAMAGE TO RENTED PREMISES (Ea occurre MED EXP (Any one per PERSONAL & ADVINJ) GENERAL AGGREGAT PRODUCTS - COMP/O	son) S Son) S URY S P AGG S	100,00 5,00 1,000,00
R TYPE OF INSURANCE ADDL SUBR INSR WYD  GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC  AUTOMOBILE LIABILITY	POLICY NUMBER BP9622119	POLICY EFF (MM/DD/YYYY) 08/22/12	POLICY EXP (MM/DD/YYYY) 08/22/13	DAMAGE TO RENTED PREMISES (Ea occurre MED EXP (Any one per PERSONAL & ADVINJ) GENERAL AGGREGAT PRODUCTS - COMP/O	son) \$ SON) \$ SON) \$ SON	100,00 5,00 1,000,00 2,000,00 2,000,00
GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED SCHEDULED	POLICY NUMBER  BP9622119  Docume  A9622219 T OFF	POLICY EFF (MM/DD/YYYY)  08/22/12	POLICY EXP (MM/DD/YYYY) 08/22/13	DAMAGE TO RENTED PREMISES (Ea occurre MED EXP (Any one per PERSONAL & ADVINJI GENERAL AGGREGAT PRODUCTS - COMP/O COMBINED SINGLE LI (Ea accident)  BODILY INJURY (Per PRODUCT) (Egg a PODILY INJURY (Per PRODUCT) (P	son) \$ Son) \$ Surry \$	100,00 5,00 1,000,00 2,000,00 2,000,00
GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS  AUTOS  X NON-OWNED	POLICY NUMBER  BP9622119  Docume	POLICY EFF (MM/DD/YYYY)  08/22/12	POLICY EXP (MM/DD/YYYY) 08/22/13	DAMAGE TO RENTED PREMISES (Ea occurre MED EXP (Any one per PERSONAL & ADVINJI GENERAL AGGREGAT PRODUCTS - COMP/O  COMBINED SINGLE LI (Ea accident)  BODILY INJURY (Per P BODILY INJURY (Per P P P C P P C P P C P P C P P C P P C P P C P P C P P C P P C P P C P P C	son) \$ Son) \$ Surry \$	100,00 5,00 1,000,00 2,000,00 2,000,00
GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS X AUTOS X HIRED AUTOS X AUTOS	Docume  A9622219 T OFF  is Document is the	POLICY EFF (MM/DD/YYYY)  08/22/12  108/22/12  108/22/12	08/22/13	DAMAGE TO RENTED PREMISES (Ea occurre MED EXP (Any one per PERSONAL & ADVINJI GENERAL AGGREGAT PRODUCTS - COMP/O COMBINED SINGLE LI (Ea accident)  BODILY INJURY (Per PRODUCT) (Egg a PODILY INJURY (Per PRODUCT) (P	son) \$ Son) \$ Surry \$	100,00 5,00 1,000,00 2,000,00 2,000,00 1,000,00
GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PROJECT LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X HIRED AUTOS X AUTOS X HIRED AUTOS X AUTOS	POLICY NUMBER  BP9622119  Docume  A9622219 T OFF	POLICY EFF (MM/DD/YYYY)  08/22/12  108/22/12  108/22/12	08/22/13	DAMAGE TO RENTED PREMISES (Ea occurre MED EXP (Any one per PERSONAL & ADVINJI GENERAL AGGREGAT PRODUCTS - COMP/O  COMBINED SINGLE LI (Ea accident)  BODILY INJURY (Per P BODILY INJURY (Per P P P C P P C P P C P P C P P C P P C P P C P P C P P C P P C P P C P P C	nce) \$ son) \$ SECOND STATE OF	100,00 5,00 1,000,0 2,000,0 2,000,0 1,000,0

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

WC9622419

Scope of Work: Plumbing Contractor

10000

/N

N N/A

DED X RETENTION \$

If yes, describe under DESCRIPTION OF OPERATIONS by

В

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)

CV

500,000

500,000

500,000

CERTIFICATE HOLDER

CANCELLATION

08/22/12

LK PLAN

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

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

AUTHORIZED REPRESENTATIVE
Patrick & Couls

08/22/13

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WC STATU-TORY LIMITS X OTH ER

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT \$

E.L. EACH ACCIDENT

ACORD 25 (2010/05)

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