Client#: 64393

**DABRCONS** 

ACORD...

## CERTIFICATE OF LIABILITY INSURANCE

1

DATE (MM/DD/YYYY)

03/18/2013

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 ADDITIONAI⊭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). CONTACT Karen McKee PHONE (A/C, No, Ext): 630-468-5667 FAX (A/C, No): **Hub International Midwest Limited** E-MAIL ADDRESS: karen.mckee@hubinternational.com 601 Oakmont Lane, Suite 400 Westmont, IL 60559 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Secura Insurance Companies INSUREO INSURER B: Dabrowski Construction INSURER C: 2040 Birchwood Lane **INSURER D:** Highland, IN 46322 INSURER E : INSURER F: REVISION NUMBERS **COVERAGES CERTIFICATE 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 SUBJECTED ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE **COMITS** POLICY NUMBER **GENERAL LIABILITY** 20CP3125304 05/31/2012 05/31/2013 EACH OCCURRENCE s 1.000.000 Α DAMAGE TO RENTED PREMISES (Ea occurrence) s100,000 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR s 5.000 MED EXP (Any one person) PERSONAL & ADV INJURY s1,000,000 s2,000,000 GENERAL AGGREGATE **Jocument** is PRODUCTS - COMP/OP AGG \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** TAIL OF OF (Ea accident)

80DILY IN RY (Per person)

BODILY IN DRY (Per accident) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS This Document is the property of PROPERTY DAMAGE CO OF NOIAN HIRED AUTOS the Lake County Recorder! 9 UMBRELLA LIAB EACH OCCURRENCE OCCUR AGGREGATE C EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY O TH ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT s E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS b E.L. DISEASE - POLICY LIMIT

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

General Contrator/carpentry.

CERTIFICATE HOLDER

**Lake County Plan Commission** 2293 N 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

Muhael & ahlert

© 1988-2010 ACORD CORPORATION. All rights reserved.

#S702867/M599223 ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

**KYM**