LESLIE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/20/2013

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 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 liqu of such endorsement(s)

certificate noider in fieu of such endorsement(s).			
PRODUCER	CONTACT NAME:	N	
Anton Insurance Agency, Inc. 155 S. Calumet Road	PHONE (A/C, No, Ext): (219) 926-8681	FAX (A/C, No): (219	926-3585
155 S. Calumet Road POB 563	È-MAIL ADDRESS:	منصيف	
Chesterton, IN 46304-0563	INSURER(S) AFFORDING COVERAGE	ယ	NAIC#
	INSURER A: Frankenmuth Insurance		13986
INSURED	INSURER B:	*********	
Northwest Indiana Fence Co.	INSURER C:	- 10	
1758 W. Lincolnway	INSURER D :		
Valparaiso, IN 46385	INSURER E :		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER:	REVISION NL	IMBER:	

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. SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY		CPP6159381	6/30/2013	6/30/2014	EACH OCCURRENCE 5 1,000,000 DAMAGE TO RENTED 500,000 PREMISES (Ea occurrence) 500,000	
	CLAIMS-MADE X OCCUR		Documen	tis		MED EXP (Any one operion) 3 10,000 PERSONAL & ADVINURY \$ 1,000,000 GENERAL AGGRECATE \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- LOC		NOT OFFI	CIA		PRODUCTS - CONTROP AGG \$ 2,000,000	
Α	AUTOMOBILE LIABILITY X ANY AUTO X ALL OWNED X SCHEDULED AUTOS AUTOS	1	BA 615938ment is the		~	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident)	
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS	t	the Lake County F	kecord	er!	PROPERTY DAMAGE (Per accident) \$	
Α	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE		CPP6159381	6/30/2013	6/30/2014	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000	
	DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		WG 0450004	6/20/0042	C/20/2044	Pers/Adv Injury \$ 2,000,000 X WC STATU- OTH- ER 500,000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A	WC 6159381	6/30/2013	6/30/2014	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY IMIT \$ 500,000	
	DÉSCRIPTION OF OPERATIONS below		THE RESOLUTION OF THE PARTY OF			E.L. DISEASE - POLICY LIMIT \$ 500,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Fence Installation Contractor							

CERT	TIFIC/	NTE	HOL	DER

CANCELLATION

Lake County Plan Commission (219) 755-3712 Planning & Building Departments 2293 N. Main Street Crown Point, IN 46307 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

Lesli A. BM

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ACORD 25 (2010/05)

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