

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/08/2013

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 lieu of such endorsement(s). Phone: 219-696-7321 CONTACT Tai Cruise ,-No): 219-696-6038 Fax: 219-696-6038 PHONE (A/C, No, Ext): 219-696-7321

E-MAIL ADDRESS: tcruise@hlrinsurance.com
PRODUCER CRIC-01 Isu Bekan Insurance Group O Box 341 Lowell, IN 46356 Tai Cruise CUSTOMER ID #: CRIC-01 INSURER(S) AFFORDING COVERAGE NAIC# -**Cripe Construction** INSURER A: Pekin Insurance Company 24228 INSURED Michael Cripe DBA INSURER B : CNA Surety 2839 Belshaw Rd O INSURER C : Lowell, IN 46356 CI INSURER D : O INSURER E : INSURER F : **CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES** 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 SUBR POLICY EFF POLICY EXP فر کور کا LIMITS TYPE OF INSURANCE EACH OCOURRENCE GENERAL LIABILITY 1.000.000 06/01/2013 06/01/2014 100,000 CL0122570-0 X COMMERCIAL GENERAL LIABILITY X MED EXP (Any one person) 5,000 CLAIMS-MADE X OCCUR \$ **Jocument** is 1,000,000 PERSONÁL & ADV INJURY \$ 2.000.000 GENERAL AGGREGATE \$ DEFICI 2,000,000 PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-COMBINED SINGLE LIQUE Document is the property AUTOMOBILE LIABILITY \$ the Lake County Recorder! ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE \$ HIRED AUTOS NON-OWNED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE **AG**GREGATE \$ DEDUCTIBLE RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X WC STATU-TORY LIMITS 00WC85095 06/01/2014 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) A E.L. EACH ACCIDENT 500,000 E.L. DISEASE - EA EMPLOYEE \$ lf yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT \$ 04706344 03/20/2011 03/20/2014 Bond R Lake County Bond 5.000 Porter County Bond 61347359 05/03/2012 05/03/2013 Bond 5,000 В DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remark General Contractor CK# 3913 (s Schedule, if more space is required) **CERTIFICATE HOLDER** CANCELLATION LAKECOU SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

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

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tai Cruise

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