ACORD® CERTIFICATE OF LIABILITY INSURANCE									
LEG	J. L	a .indemulder Y Insurance Group Vicker Ave (Rt. 41), PO BOX	Phone: 219.374.5544 Fax: 219.374.5549	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
Ced	ar L	ake, IN 46303		INSURERS A	INSURERS AFFORDING COVERAGE				
INSUF	₹ED	LO OLICTOM HOMEO	10	INSURER A: AC	INSURER A: ACUITY MUTUAL INSURANCE COMPANY				
1		LG CUSTOM HOMES, IN 224 Coneflower Dr	NG.	INSURER B:	INSURER B:				
		Dyer, IN 46311		INSURER C:	INSURER C:				
		Dyel, IIV 40311		INSURER D:	INSURER D:				
				INSURER E:	INSURER E:				
COV									
PE PO	RTAI	LICIES OF INSURANCE LISTED BELC QUIREMENT, TERM OR CONDITION ( N, THE INSURANCE AFFORDED BY T SS. AGGREGATE LIMITS SHOWN MAY	HE POLICIES DESCRIBED HEREIN !	SUMENT WITH RESI S SUBJECT TO ALL AIMS.	PECT TO WHICH TH THE TERMS, EXCLU				
INSR LTR	NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS		
1 1	ı	GENERAL LIARDITY					<del></del>		

LTR	add'l Insrd		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	MITS			
A		GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	X02632	10/04/0040	40/04/05	EACH OCCURRENCE	\$	1,000,00		
`	1	CLAIMS MADE V OCCUR	A02632	10/01/2012	10/01/2013	DAMAGE TO RENTED PREMISES (Ea occurence	\$	250,00		
	Ì					MED EXP (Any one person)	\$	10,000		
	Ī					PERSONAL & ADV INJUR	\$	1,000,00		
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	3,000,00		
		✓ POLICY PROJECT LOC				PRODUCTS - COMP/OP ACC	\$	3,000,00		
		AUTOMOBILE LIABILITY								
۱		ANY AUTO	X02632	10/01/2012	10/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
		ALL OWNED AUTOS		`		-				
	[	SCHEDULED AUTOS	Docui	ment i	S	BODILY INJURY (Per person)	\$			
		✓ HIRED AUTOS				BODILY INJURY				
		NON-OWNED AUTOS	NOT OF	1 (C) (C)	AL!	(Per accident)	\$			
	F					PROPERTY DAMAGE	\$			
+			This Document			(Per accident)	<b>v</b>			
	-	GARAGE LIABILITY ANY AUTO	the Lake Cou	inty Reco	rder!	AUTO ONLY - EAACCIDE	\$			
	F	ANYAGIO		•	1	OTHER THAN EAACG	\$ 771 (7)			
$\dashv$	$\dashv$	EXCESS/UMBRELLA LIABILITY				- Aee	\$ 5			
	ŀ	OCCUR CLAIMS MADE				EACH OCCURRENCE	\$ CJ - 177	·····		
	Γ					AGGNEGATE, TOTAL	\$ 7777			
		DEDUCTIBLE				<u> </u>	<u>\$26</u>			
		RETENTION \$				and and a	\$25± \$0-1			
V	NORK EMPLO	KERS COMPENSATION AND OYERS' LIABILITY				WCS ATUE OLD TORY LIMITS ER	3	<del></del>		
		ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED?	X02632	10/01/2012	10/01/2013		\$	500,000		
[ H	f yes, d	describe under		TILLION .	F	E.L. DISEASE - EA EMPLOYEE	\$	500,000		
		AL PROVISIONS below	TUTU D	ER'S		E.L. DISEASE - POLICY LIMIT	<del></del>	500,000		
0	THEF	1	150 P	TELL						
			12/ nt							
ESCRI	PTIO	N OF OPERATIONS / LOCATIONS / VEHICL	ESV EVELISIONS ADDED BY THE ADDED							
pera	tions	: General Carpentry Contractor	THE STATE OF THE S	ENT / SPECIAL PROVI	SIUNS					
			August IN	DIANA						
			ann.	Militar						
					_/					
ERTI	FICA	ATE HOLDER		CANCELLATION						
		Lake County Plan Commi	eeion	SHOULD ANY OF T	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN					
		2293 N Main St								
		Crown Point, IN 46307		NOTICE TO THE C						

IMPOSE NO OBLIGATION C...

REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Eric J. Lindemulder / LEGACY Insurance Group

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(3C) IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR ACORD 25 (2001/08)