



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/3/2013

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).

PRODUCER John W Eggert Insurance Agency Inc 2540 Ridge Road P.O. Box 325 Lansing, IL 60438-0325	CONTACT NAME: Commercial Lines Service Rep PHONE (A/C No. Ext.): (708) 474-1616 FAX (A/C No.): (708) 474-9742 E-MAIL ADDRESS:
INSURED B & K Concrete & Construction Inc 2915 Lincoln Street Highland IN 46322	INSURER(S) AFFORDING COVERAGE INSURER: Atlantic Casualty Ins. Co. NAIC# INSURER: Progressive Insurance Co. 10187 INSURER: Berkley Nat Underwriters INSURER: RLJ Insurance Company INSURER: INSURER:

COVERAGES CERTIFICATE NUMBER: CL1910300823 REVISION 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 SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY PER (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> OCCUR		2200000311	9/17/2013	9/17/2014	DAMAGE TO RENTED PREMISES (Ex. perils) \$ 100,000
						MED EXP (Any one person) \$ 5,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS	06284788-5	1/21/2013	1/21/2014	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIM-MADE DED RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					
	ANY PROPRIETOR/PARTNER/EX-OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIPTION OF OPERATIONS below		ENWWC0129815	3/18/2013	3/18/2014	E.L. EACH ACCIDENT 1,000,000
						E.L. DISEASE - IA EMPLOYEE 1,000,000
D	License & Permit Bond		R3B812658	5/7/2013	5/7/2014	E.L. DISEASE - POLICY LIMIT 1,000,000
						Limit \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Concrete Contractor L&P Bond written in favor of: Board of Commissioners of Lake County, Indiana and all cities, towns and municipalities



STATE OF INDIANA
LAKE COUNTY
FILED FOR REC
2013 OCT 10 AM 11:18
MICHAEL B. BROWN
RECORDER

CERTIFICATE HOLDER Lake County Planning Commission 2293 N Main St. 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 John C. Eggert/SP <i>John C. Eggert</i>
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112.00
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CASH non-com