CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

CONTACT

				LNAME	NAME:				
Lighthouse Insurance Agency				PHONI (A/C. N	PHONE A/C, No. Ext): (219) 365-0066			(AC, No):	
8213 Wicker Ave.				E-MAJI ADDRI		· · · · · · · · · · · · · · · · · · ·	seagency.biz	3	
1			i,		IN:	SURER(S) AFFO	RDING COVERAGE	-	NAIC#
Saint John IN 46373				INSUR	ERA: Auto O	wners	G	J	
INSURED American Inovative Managment Company Inc.				INSUR		-			
					INSURER C:			<u> </u>	
8404 Kennedy Ave			•	INSUR	JRER D :			0	
			1		SURER E :				
Hig	hland IN 46311		!	INSUR			18	<u> </u>	
			NUMBER:				REVISION NUMB	ER:	
1 11	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REPORTS OF THE PROPERTY OF T	EQUIREM	ENT. TERM OR COND	ITION OF AN	IY CONTRACT	FOR OTHER I	DOCUMENT WITH R	RESPECT	T TO WHICH THIS
E	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUC	PERTAIN, CH POLICIE	S. LIMITS SHOWN N	IAY HAVE BE	EN REDUCE	S DESCRIBE D BY PAID CL	D HEREIN IS SUBJI AIMS	ECT TO	•
INSR LTR	TYPE OF INSURANCE	ADDL SUBR		BER	POLICY EFF	POLICY EXP		LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE		1,000,000
Ι.Δ.	Y COMMERCIAL OFFICE ALLERY				5, 1		DAMAGE TO RENTED		

PREMISES (Paraccurrence) 300,000 09037432 1/1/14 1/1/15 \$10,000 \$2000,000 CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV IN URY \$2,000,000 GENERÁ AGGREGATE **Jocument** is 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTO COMP/OF AGG X POLICY PRO-**⊅**57 C BINIED SINGLE LIME AUTOMOBILE LIABILITY ू1,000,000 ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS X This 49-037432-00 ent is the 1/1/1/4 pe 1/1/1/50f BODILY INJURY Per a PROPERTY DAWAGE (Per accident) HIRED AUTOS \$ the Lake County Recorder! UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE S DED RETENTIONS LED L LETENIONS
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandator) in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below s 100,000 E.L. EACH ACCIDENT 09071794 1/1/14 1/1/15 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT | \$ 500,000

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

General Contractor

CERTIFICATE HOLDER

CANCELLATION COX

Lake County Plan Commission ATTN: Building Dept. - Mary Beth 2293 N. Main St. Crown Point, IN 46307

Fax: (219)755-3712

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
Burnes T. Barney

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD