

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/06/2013

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

		ns and conditions of the policy, ate holder in lieu of such endors			oucies may require an end	orseme	ent. A staten	nent on this (certificate does not confer i	rights to	the	
	DUCER	~~					CONTACT NAME:					
	X (PHONE					
	11						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
Lowell, IN 46356					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #							
					INCLINE	INSURER A : INDIANA FARMERS MUTUAL INS CO				22624		
INSURED Huseman Excavating						RB: CNA Su				16270		
		362 Gwens Cove								-+		
		Lowell, IN 46356					INSURER C : INSURER D :					
							INSURER E :					
							INSURER F:					
COVERAGES CERTI				TIFICATE NUMBER:			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER										RIOD		
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.												
INSR LTR		TYPE OF INSURANCE	ADDL SUBR POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)			LIMITS			
A	,	RAL LIABILITY	INSK	WVD	CPP1004368		12/10/2013	12/10/2014	EACH OCCURRENCE S	·	1,000,000	
•	V	OMMERCIAL GENERAL LIABILITY					· · ·		DAMAGE TO RENTED PREMISES (Ea occumpage) \$		100,000	
		CLAIMS-MADE OCCUR							MED EXP (Any one person) \$		5,000	
									PERSONAL & ADV INJURY \$		1,000,000	
					/				GENERAL AGGREGATE \$		2,000,000	
	GEN'I	AGGREGATE LIMIT APPLIES PER:			Docum	ler	t is		PRODUCTS - COMP/OP AGG \$		2,000,000	
		OLICY PRO- LOC			200011		20		\$		<u> </u>	
Α		MOBILE LIABILITY	/		CAP1004112		12/10/2013	12/10/2014	COMBINED SINGLE LIMIT (Ea accident) \$		1,000,000	
	A	NY AUTO			101011			٧.	BODILY INJURY (Per person) \$			
	A	LL OWNED SCHEDULED AUTOS	T	his	Document is	the	prope	rty of	BODILY INJURY (Per accident) \$			
		IRED AUTOS NON-OWNED AUTOS				- 1			PROPERTY DAMAGE S			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		L	he Lake Coun	ity r	recoru	er:	= = =	1 0		
	U	MBRELLA LIAB OCCUR							EACH OCCURRENCE ST	TE A		
	E	XCESS LIAB CLAIMS-MADE							ACCEPTO THE P	2 <u>- 7 m</u>		
	р	ED RETENTION \$							Cirr	POPI POPI		
Α	WORK	ERS COMPENSATION			WCP1002652		12/10/2013	12/10/2014	WC STATU OTH Z			
	ANY PE	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	n === C	100,000	
	(Manda	ER/MEMBER EXCLUDED?	N/A						E.L. DISEASE PA EMPLOYEE S	3 ~ ₹ ₹ 3 ~ ₹ \$	500,000	
	If yes, o	describe under RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		100,000	
В	Lake (County Bond			41439402		01/01/2013	01/01/2014	5000			
									7			
					THUER	CONT.						
		OF OPERATIONS / LOCATIONS / VEHICLE	S (Att	ach AC	ORD 101, Additional Remarks Scho	edule, if n	iore space is requ	uired)				
Exca	avation					≃ n	3					
							5					
						21/						
		c ·			E SEA	Line	\$					
WOJANA LITTE												
					- Tuni	Ши						
CEI	RTIFIC	ATE HOLDER				CANC	ELLATION					
		Fax #: (219) 755-3712										
Lake County Plan Commission							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
2293 N Main St					ACCORDANCE WITH THE POLICY PROVISIONS.							
Crown Point, IN 46307												
						AUTHOR	AUTHORIZED REPRESENTATIVE					
							ulla	um I	yes -			

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