

CERTIFICATE OF LIABILITY INSURANCE

7/1/2013

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		NAME: Sara Spurgeon CPC					
MBAH Insurance		PHONE (A/C, No. Ext): (765) 423-5421	FAX (A/C, No): (76	55) 742-7486			
2663 DUNCAN RD		E-MAIL ADDRESS, sspurgeon@mbah.com					
P.O. BOX 5609		INSURER(S) AFFORDIN	IG COVERAGE	NAIC#			
LAFAYETTE	IN 47903	INSURER A : Cincinnati Insu	rance Co	10677			
INSURED		INSURER B Cincinnati Casu	alty Company	28665			
Records Storage Ce	enter Inc.	INSURER C :					
Bieker Development	LLC.	INSURER D :	<u> </u>				
222 Sheridan St.		INSURER E :					
Crown Point	IN 46307	INSURER F:	N				
COVEDACES	CEDTICIO ATE AU MOCDA	T137112601 DE	DEVICION NUMBER				

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE TO 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.

INSR LTR	TYPE OF INSURANCE	ADDL:		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000	
	X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) \$ 100,000	
	CLAIMS-MADE X OCCUR	-		EPP0145629	7/1/2013	7/1/2014	MED EXP (Any one person) & 5,000	
							PERSONAL & ADV INJER 1,000,000	
							GENERAL AGGREGARE	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCES COMP/OPIAGG 317 2,000,000	
	X POLICY PRO-			Docume	IUISA	2 1	COMBINED SINGLE LIMIT DOC 2 000 000	
А	AUTOMOBILE LIABILITY		/-	MOTORDI	OTA		(Ea accident (T)	
	X ANY AUTO ALL OWNED SCHEDULED	IA		EPP0145629	7/1/2013	7/1/2014	BODILY INJURY (Per person) (\$ -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	
	AUTOS AUTOS NON-OWNED	/ /	hi	s Document is the	and the first of the same	erty of	PROPERTY DAMAGE (Per accident)	
	HIRED AUTOS X AUTOS			1 7 1 0		ity or	5 5 000	
	X UMBRELLA LIAB X OCCUP		_1	he Lake County .	Kecord	erl	Medical payments 5,000 EACH OCCURRENCE \$ 1,000,000	
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	.]					AGGREGATE \$ 1,000,000	
Α.	DED X RETENTIONS	- 1		EPP0145629	7/1/2013	7/1/2014	s	
В	B WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						WC STATU- OTH-	
			N/A	WC 8906255	7/1/2013		EL EACH ACCIDENT \$ 500,000	
•						7/1/2014	EL DISEASE - EA EMPLOYEE \$ 500,000	
							E.L. DISEASE - POLICY LIMIT \$ 500,000	
		A1 (-4)					本立	
		. "	- 1				Plo	
					<u> </u>		16	
	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							

CERTIFICATE HOLDER

CANCELLATION

Lake County Planning Commission 2293 N Main Street Crown Point, IN 46307 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

S Spurgeon CPCU CPIW/ Sara & Spungeon

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