

2



CERTIFICATE OF LIABILITY INSURANCE

DILLA-1 OP ID: TB

DATE (MM/DD/YYYY)
03/28/13

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 Tobias Insurance Group 9247 N. Meridian St. Ste. 300 Indianapolis, IN 46260 James R. Bigott	317-844-7759 317-844-9910	CONTACT NAME: Scott Falkenberg PHONE (AC, No. Ext.): 317-844-7759 E-MAIL ADDRESS: sfalkenberg@tobias.com	FAX (AC, No.): 317-815-6036
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Dillabaugh, Inc. 2005 E. SR-231 Crown Point, IN 46307	INSURER A: First Mercury Insurance Co.		NAIC #
	INSURER B: Progressive Insurance Company		38628
	INSURER C: Riverport Insurance Company		36684
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

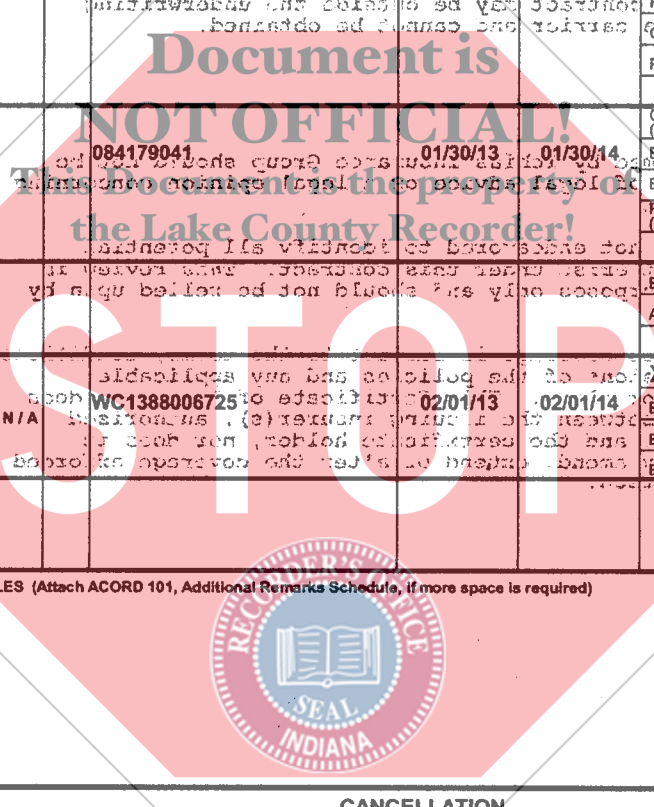
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			ILCGL00000821301(13)	04/01/13	04/01/14	EACH OCCURRENCE \$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) EXCLUDED	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000	
							PRODUCTS COMPI/OP AGG \$2,000,000	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			084179041	01/30/13	01/30/14	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$	
	DED	RETENTION \$						
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC1388006725	02/01/13	02/01/14	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER \$	
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						E.L. EACH ACCIDENT \$4,000,000
	(Mandatory in NH)							E.L. DISEASE-EA EMPLOYEE \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE-POLICY LIMIT \$4,000,000

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

CERTIFICATE HOLDER LAKE--8 LAKE COUNTY PLAN COMMISSION PLANNING & BUILDING DEPT 2293 NORTH MAIN STREET 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
--	--

2 copies \$14
non conf
#2433
EPB



NOTEPAD

INSURED'S NAME: Dillabaugh, Inc.

DILLA-1
OP ID: TB

PAGE 2
DATE 03/28/13

IF YOU ARE THE RECIPIENT OF THIS CERTIFICATE: ONLY YOU MAY OBTAIN A MATTER OF INSURANCE IN CONNECTION WITH THIS CERTIFICATE AS SHOWN ON THE ATTACHED CERTIFICATE. ANY WORDING TO PROVIDE ADDITIONAL INSURED COVERAGE, PROVIDE COVERAGE ON A PRIMARY, AND NON-CONTRIBUTORY BASIS, OR PROVIDE A WAIVER OF SUBROGATION APPLIES ONLY WHERE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT.

CONTRACTUAL LIABILITY COVERAGE IS ONLY PROVIDED TO THE EXTENT SET FORTH IN THE POLICIES AND MAY NOT COVER ALL LIABILITY ASSUMED BY THE NAMED INSURED UNDER THE CONTRACT.

IF YOU ARE THE REQUESTOR OF THIS CERTIFICATE OF INSURANCE:
Tobias Insurance Group has, upon your request, issued the attached Certificate of Insurance.

If you have not already done so, we highly recommend that you provide Tobias Insurance Group with a copy of the insurance and indemnification provisions of the contract pertaining to the Certificate of Insurance request so that we may properly ascertain whether the referenced insurance policies address the limits of insurance, terms and types of coverage required by the contract.

While most Certificates of Insurance can be issued at no cost, the contract may require the purchase of additional insurance coverage that could be subject to an additional premium charge. In some instances, the coverage identified in the contract may be outside the underwriting guidelines of the insurance carrier and cannot be obtained.

Any contract review performed by Tobias Insurance Group should not be construed as the rendering of legal advice or a legal opinion concerning any portion of the contract.

Tobias Insurance Group has not endeavored to identify all potential liability issues that might arise under this contract. This review is provided for information purposes only and should not be relied upon by third parties.

Any description of insurance coverage is subject to the terms, conditions, exclusions and other provisions of the policies and any applicable regulations, rating rules or plans. This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Document is
NOT OFFICIAL!
This document is the property of the Lake County Recorder!



2013 090590
2013 DEC 10 PM 2:49
MICHAEL B. BROWN
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

THE EXPIRATION DATE THEREON WILL BE DELIVERED TO YOU BY THE POLICY PROVIDER.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED.

DATE 03/28/13 BY 60322/ML

© 1999-2013 ACURA CORPORATION. All rights reserved.

ACORD 28 (5/01/02)

LAKE COUNTY PLAN COMMISSION
PLANNING & BUILDING DEPT
300 NORTH MAIN STREET
CROWN POINT, IN 46001