

## CERTIFICATE OF LIABILITY INSURANCE

CHEST-1 OP ID: JD

DATE (MM/DD/YYYY)

11/26/2013

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 Braman Insurance Services 8001 Broadway, Suite 300 Merriliville, IN 46410-6286		NAME: Joyce Dolato		
		PHONE (A/C, No, Ext): 219-738-2526	FAX (A/C, No): 219-738-1833	
		E-MAIL ADDRESS: joyce.dolato@bramaninsurance.com		
Randy C. Vale		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Indiana Insurance Company	70	
Chester, Inc. P.O. Box 223' 555 Eastport Valparaiso, II	37 t Centre Drive	INSURER B: Carolina Casualty Ins. Co.		
		INSURER C: St. Paul Fire and Marine Ins Co	_ _	24767
		INSURER D :	<u> </u>	
		INSURER E :	0	
		INSURER F:	<u> </u>	
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 POLICIES. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS **POLICY NUMBER** 1,000,000 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 09/30/2013 09/30/2014 100,000 CBP9892030 X COMMERCIAL GENERAL LIABILITY 10,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 1,000,000 \$ PERSONAL & ADV INTER 2,000,000 GENERAL AGGREGATE PRODUCTS TOMP/PP/ 2,000,000 ocument is GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-MBINED SINGLE LIMIT a accident) 1,000,000 AUTOMOBILE LIABILIT BODILY NIGHT (Per person) 09/30/2013 09/30/2014 ANY AUTO BODILY TURY (Per accide PROPERTY DAMAGE (PER ACCIDENT) SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS his Document is the property of ---\$زإي HIRED AUTOS the Lake County Recorder! \$ UMBRELLA LIAB 6,000,000 EACH OCCURRENCE \$ Х Х OCCUR 6,000,000 ZUP-15R04936-13-NF 09/30/2013 09/30/2014 **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED X RETENTION\$ 10.000 X WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 09/30/2013 09/30/2014 500,000 BNUWC0121618 В ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N E.L. DISEASE - EA EMPLOYEE \$ 500,000 (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT 09/30/2013 09/30/2014 L/R Equip 315,000 CBP9892030 L/R Equip DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) General Contractor License

**CERTIFICATE HOLDER** 

Lake County Plan Commission

2293 North Main Street Crown Point, IN 46307

CANCELLATION

LAKECOP

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

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ACORD 25 (2010/05)

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