

CERTIFICATE OF LIABILITY INSURANCE

RICHC-1 OP ID: US

DATE (MM/DD/YYYY)

12/05/13

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 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)

Phone: 708-845-3000 CONTACT NAME: The Horton Group, Inc. PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): Fax: www.thehortongroup.com 10320 Orland Parkway Orland Park, IL 60467 Commercial House Account INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Selective Ins. Co. of America 12572 Rich Construction LLC 1075 Allison Street INSURED 23043 INSURER B : Liberty Mutual Insurance Co. INSURER C Crown Point, IN 46307 INSURER D : INSURER E : INSURER F

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 ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER 1,000,000 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre S1747441 04/06/13 04/06/14 Α X COMMERCIAL GENERAL LIABILITY \$ 10,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ 1,000,000 3,000,000 PERSONAL & ADV INJURY GENERAL AGGREGATE 5 000,000و,ق GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMPIOP AGG \$ X POLICY PRO-JECT 5 LOC Ω COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO NOT OFFICI ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ HIRED AUTOS W This Document is the property \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR the Lake County Recorder! **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICE/MEMBER EXCLUDED?
(Mandatory in NH) DED RETENTIONS \$ X WCSTATU-04/20/14 WC534S507205013 04/20/13 ≥ 00,000 В E.L. EACH ACCIDENT 300,000 OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ **300,000** E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Masonry Contractor & Tuckpointing **CERTIFICATE HOLDER** CANCELLATION LAKEC-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Lake County Plan Commission** 2293 North Main Street AUTHORIZED REPRESENTATIVE Crown Point,, IN 46307

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