ACORD

CERTIFICATE OF LIABILITY INSURANCE

TOTAROO-01 **KWITVOET** DATE (MM/DD/YYYY)

12/16/2013

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:	• 1				
Gnade Insurance Group, Inc. 219 N White Street Frankfort, IL 60423							PHONE [A/C, No, Ext): (815) 464-8800 [A/C, No): (815) 464-				
							E-MAIL ADDRESS:				
						INSURER(S) AFFORDING COVERAGE				ω	NAIC#
							INSURER A : Evanston Insurance Company				35378
INSURED							INSURER B : Pekin Insurance Company				24228
Total Roofing and Construction Services, Inc.						INSURER C : Riverport Insurance Company				27995	
14774 W. 153rd Lane				Con \$1000, 1110.			RD:		വ		
	Cedar Lake, IN 46303						INSURER E :			&	
							INSURER F:			0	
CC	VER	RAGES CE	CAT	E 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,											THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR	TYPE OF INSURANCE		ADDL	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GEN	NERAL LIABILITY							EACH OCCURRE		1,000,000
Α	X	COMMERCIAL GENERAL LIABILITY			3C30834		06/12/2013	06/12/2014	DAMAGE TO REN PREMISES (Fa)oc		100,000
l		CLAIMS-MADE X OCCUR							MED EXECOTION		_
									PERSONAL AD	VINJURY TET	1,000,000
ĺ					Docun	nei	nt is		GENERAL AGGRE	GATE CIS	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:		/	20001				PRODUCTS CO	uP/OP AGG 🏗 🚍	2,000,000
	X	POLICY PRO- JECT LOC			NOTOR		CIA		me	学 帝至日	
	AU1	TOMOBILE LIABILITY			140101				COMBINED SING (Ea accident)	ELIMIT ()	
В		ANY AUTO	1	Thi	8667919cument i	s th	08/01/2013	08/01/2014	BODILY INJURY (Per person) - \$	1,000,000

hi⁸⁶⁶⁷⁹¹⁹cument is the 08/01/2013 08/01/2014

the Lake County Recorder!

DED RETENTION \$

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Scope of Work: Roofing Contractor

WC1388006621

1,000,000

1,000,000

500,000

500,000

500,000

CERTIFICATE HOLDER

ANY AUTO ALL OWNED AUTOS

HIRED AUTOS

EXCESS LIAB

UMBRELLA LIAB

C

Lake County Planning Commission Planning & Building Department 2293 N. Main St Crown Point, IN 46307

X SCHEDULED AUTOS NON-OWNED AUTOS

OCCUR

CLAIMS-MADE

N/A

X

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.

BODILY INJURY (Peraccident)
PROPERTY DAMAGE
(PER ACCIDENT)

EACH OCCURRENCE

X WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

AGGREGATE

\$

\$

\$

\$

AUTHORIZED REPRESENTATIVE

12/13/2013 | 12/13/2014

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ACORD 25 (2010/05)

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