

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/09/2013

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).

Certific	ate notice in hea or such chactedinent	.(0).	CONTACT Corey G.F	S		
PRODUCER Shirer Shuey & Brownfield Insurance Agency, LLC			PHONE (240) 295 2023 FAX (240) 285 2704			
114 East State Street						
PO Box 169			E-MAIL ADDRESS: corey.brownfield@ssbagency.com			
	Morocco, IN 47963	· ·			RDING COVERAGE	NAIC#
		M_HH	INSURER A: Property	/-Owners Ins	Co	32905
			INSURER B:			
312 Jefferson St Lowell, IN 46356			INSURER C:)
			INSURER D:)
			INSURER E:)
			INSURER F:			a.
COVERA	AGES CERTIFIC	ATE 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,						
EXCLUS	SIONS AND CONDITIONS OF SUCH POLICIE	S. LIMITS SHOWN MAY HAVE BI	EEN REDUCED BY PA	ID CLAIMS.	EKEIN IS SUBJECT TO ALL	THE TERMS,
INSR LTR	ADDL	SUBR	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	TYPE OF INSURANCE INSR	09999211	05/08/2013	05/08/2014	EACH OCCURRENCE	s 1,000,000
! ^` _	·	00000211		00,00,2011	DAMAGE TO RENTED PREMISES (Ea occurrence)	5
	COMMERCIAL GENERAL LIABILITY				op-pairs # a.	10,000
	CLAIMS-MADE OCCUR				MED EXP (Any one person)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
<u> </u>					PERSONAL & ADVANJURY	
		Decree	044		GENERAL AGGREGATE	2,000,000
GEN'	L AGGREGATE LIMIT APPLIES PER:	Docum	ient is		PRODUCTS - COMPIOP AGG	
V	POLICY PRO- JECT LOC				1 3 mm	S magnet promise manager
A AUTO	DMOBILE LIABILITY	4799921101	05/08/2013	05/ 08/2014	COMBINED SINGLE LIMIT (Ea accident)	1,000,000
	ANY AUTO				BODILY INJURY (Per person)	S & -<
	ALL OWNED SCHEDULED AUTOS	nis Document is	the prope	rty of	BODILY INJURY (Per accident)	S. Andrews
	NON-OWNED				PROPERTY DAMAGE	\$
	HIRED AUTOS AUTOS	the Lake Coun	ty Record	er!		\$
A	UMBRELLA LIAB	4799921103	05/08/2013	05/08/2014		1,000,000
, , ,	- OCCUR		30,30,2010	00,00,2011		4,000,000
l 	EXCESS LIAB CLAIMS-MADE					, , ,
	DED RETENTION \$ KERS COMPENSATION	00444244	05/09/2012	05/08/2014		\$
	EMPLOYERS' LIABILITY	09111211	05/08/2013	03/00/2014	WC STATU- TORY LIMITS OTH- ER	
ANY F	PROPRIETOR/PARTNER/EXECUTIVE N/A N/A				E.L. EACH ACCIDENT	500,000
(Man	datory in NH)				E.L. DISEASE - EA EMPLOYEE :	· · · · · · · · · · · · · · · · · · ·
DESC	describe under RIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$ 500,000
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		THOER	CONT	-		·
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional-Remarks-Schedule, if more space is required)						
Evidence of Insurance as requested by the Certificate Holder for Glazing						
15.30						
(1) (1) (1)						
APPRIEIDATE HOLDED						
CERTIFICATE HOLDER CANCELLATION CANCELLATION						
ALIAN DANN OF THE ADOLE DESCRIPTION OF THE ADO						
	Lake County Plan Commission	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
2293 N Main St			ACCORDANCE WITH THE POLICY PROVISIONS.			
	Crown Point, IN 46307					
AUTHORIZED REPRESENTATIVE						,
						_d

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ACORD 25 (2010/05)

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