

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/11/2013

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		CONTACT		
Assurance Agency, Ltd. One Century Centre 1750 E. Golf Road Schaumburg IL 60173-		NAME: Tyler Lockhart PHONE FAX		
		(A/C, No. Ext): (847) 463-7859	FAX (A/C, No):(847) 440-9123	
		E-MAIL ADDRESS:tlockhart@assuranceagency.com		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A :Houston Casualty		
INSURED	PROVREA-01		INSURER B: Torus Speciality Insurance Com	
Providence Real Estate Development 900 Woodlands Parkway Vernon Hills IL 60061		INSURER C: Liberty Mutual		
		INSURER D :		
		INSURER E :		
		INSURER F :		
	CERTIFICATE NUMBER: 2042519039 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 SUBR INSR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)	Smits	

10/31/2014 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence COMMERCIAL GENERAL LIABILITY \$50,000 CLAIMS-MADE X OCCUR MED EXP (Any one person \$excluded PERSONAL & ADV INJURY \$1,000,000 Document is GENERAL AGGREGATE \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$2,000,000 NOTOFFICIA POLICY X PRO-LOC OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per per This Document is the property of ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS S____ ALL OWNED AUTOS BODILY INJURY Per acc the Lake County Recorder! PROPERTY DAMAGE S 2 2 HIRED AUTOS H_Z Х UMBRELLA LIAR 16081C131ALI 10/31/2013 10/31/2014 Х EACH OCCUPRENCE 53/000/000 OCCUR EXCESS LIAB AGGREGATE T CLAIMS-MADE 33,960,000 DED RETENTIONS WC SATUR WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EX OFFICER/MEMBER EXCLUDED? (Mandatory in NH) NC534S386606042 1/27/2013 1/27/2014 \$5,000,000 E.L. EACH ACCHOENT N E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS belo E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Proof of Insurance

CERTIFICATE HOLDER

Lake County Plan Commission 2293 N. Main St. 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

Daniel & Haras

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD