CERTIFICATE OF LIABILITY INSURANCE

ADENO-1 OP ID: KW

> DATE (MM/DD/YYYY) 09/27/13

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 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

·	ertificate florider in fled of Such endorsement(s).												
PRO	DUCER	CONTACT NAME:											
PRODUCER 815-729-4650 Brown & Brown 815-729-4727		PHONE (A/C, No, Ext): FAX (A/C, No, Ext):											
220 North Louisin			E-MAIL										
			ADDRESS:		gricula								
Lawrence Jungles		INS	URER(S) AFFOR	DING COVERAGE	NAIC #								
		INSURER A: Westfield Insurance Co.		e Co.	24112								
A Denovi Service Inc. 18650 South 76th Avenue Tinley Park, IL 60477			INSURER B:										
			INSURER C:										
			INSURER D:										
			INSURER E :		program (
		ı,	INSURER F :										
CO	VERAGES CERTIFICATE NUM	BER:			REVISION NUMBER:								
	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE	LISTED BELOW HAVE	E BEEN ISSUED TO	THE INSURE	D NAMED ABOVE FOR THE	POLICY PERIOD							
С	IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TEI ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE IN XCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS	ISURANCE AFFORDED	D BY THE POLICIE:	S DESCRIBED	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO A	TO WHICH THIS ALL THE TERMS,							
		SHOWIN MATTIAVE D	POLICY EFF	POLICY EXP									
INSR LTR	TYPE OF INSURANCE INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY				EACH OCCURRENCE \$								
Α	X COMMERCIAL GENERAL LIABILITY CWP1	692824	06/30/13	06/30/14	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	= 100,000							
	CLAIMS-MADE X OCCUR				MED EXP (Any one person) \$	5,000							
	CEANUS-WADE X OCCOR				\$ 4 £ cs. 4600mb	4,000,000							
					PERSONAL & ACDY INJURY \$								
		Docum	ent is		GENERAL AGGREGATE \$	1,000,000							
	GEN'L AGGREGATE LIMIT APPLIES PER:		0210 20		PRODUCTS - COMP/OP AGG: \$	⊅⊆ 2 ,000,000							
	POLICY X PRO- JECT LOC	TOFF	TATAT			Contract Con							
	AUTOMOBILE LIABILITY	/ I UII			COMBINED SINGLE LIMIT (Ea accident)	1,000,000							
Α		6028244	1 06/20/12	06/30/14	BODILY INJURY (Per person) \$	gardenia.							
	X ANY AUTO ALL OWNED SCHEDULED	This W71692824 nent is		reyson!	A								
	AUTOS AUTOS	Lake Count	v Records	201	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE								
	X HIRED AUTOS X NON-OWNED AUTOS	ant Count	y ikecoru	JI i	(Per accident) \$								
					\$								
	X UMBRELLA LIAB X OCCUR				EACH OCCURRENCE \$	2,000,000							
		692824	06/30/13	06/30/14		2,000,000							
Α	CLAIMS-MADE CWP1	092024	06/30/13	00/30/14	AGGREGATE \$	2,000,000							
	DED RETENTION\$				\$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			06/30/14	X WC STATU- OTH- TORY LIMITS ER								
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE WCP1	686567	06/30/13		E.L. EACH ACCIDENT \$	100,000							
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE \$	100,000							
	If yes, describe under				E.L. DISEASE - POLICY LIMIT \$	500,000							
	DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - FOLICY EINIT								
		THE PARTY OF THE P	III.										
		THO DER'S	500										
		(1) (1)											
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 1	01, Additional Remarks Sci	hedule, if more space is	required)									
Lak	se County, Indiana all cities, towns ar	nd municipalit:	ies within ar	re									
	cluded as Additional Insured on the Ger	<mark>neral Liabilit</mark>	y only with r	respects									
to work performed by this insured.													
		Albuman	A sure										
	A CONTRACTOR OF THE PARTY OF TH												
		,											
			/			l							
<u> </u>	DIFFCATE HOLDED		OANOEL! ATION										
UE	RTIFICATE HOLDER		CANCELLATION										
			CHOILD AND CT	THE ADOME OF		OFILED BEFORE							
Lake County, Indiana 2293 N. Main Street Crown Point, IN 46307			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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										LALEBURY TITE A			

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