ACORD

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

PATE (MM/DD/YYYY) 12/30/2013...

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(les) 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).

Stringham Insurance Agency, Ltd.		NAME;	<u> </u>	
19646 S. Wolf Road		PHONE (A/C. No. Ext): (708)479-2526	(A/C, No): (708)4	79-2533
P.O. Box 45	÷	E-MAIL ADDRESS: Dick@Stringhaminsur:	ance.com	are in its
Mokena, IL 604480045			PRDING COVERAGE	NAIC #
= 1/1 - 1881-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		INSURER A : Erie Insurance	A STATE OF THE PARTY OF THE PAR	10010
INSURED		INSURER B : Erle Insurance		
Huizinga Bros. Construction, Inc. 12510 West Horseshoe Drive		INSURER C : Erle Insurance	Carlotte Control	
New Lenox, IL 60451		INSURER 0 : Erie Insurance		
,		INSURER E:		
		INSURER F :		
COVERAGES CEI	RTIFICATE NUMBER;			
THIS IS TO CERTIEY THAT THE POLICIE	S OF INCHEANOR HETER BELOWING	VE BEEN ISSUED TO THE INCUR	REVISIONLNUMBER:	
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY	EQUIREMENT, TERM OR CONDITION	OF ANY CONTRACT OR OTHER	DOCUMENT WITH RESPECT TO	LICY PERIOD
		CD 034	ESSENCE OF AN INTERPRETATION	MUICH IND
EXCLUSIONS AND CONDITIONS OF SHOUL	PERIAIN, THE INSURANCE AFFORD	ED BY THE POLICIES DESCRIBE	D HEREIN IS SUBJECT TO ALL	THE TERMS.
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES, LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS	D HEREIN IS SUBJECT TO ALL	THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH INSR LTR TYPE OF INSURANCE	POLICIES, LIMITS SHOWN MAY HAVE ADDLISUER INSR WYD POLICY NUMBER	BEEN REDUCED BY PAID CLAIMS FOLICY EFF POLICY EXP (MM/DP/YYYY) (MM/DB/YYYY)	D HEREIN IS SUBJECT TO ALL	THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH INST. TYPE OF INSURANCE A GENERAL LIABILITY	POLICIES, LIMITS SHOWN MAY HAVE	BEEN REDUCED BY PAID CLAIMS	EACH OCCURRENCE S	1.000,000
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES, LIMITS SHOWN MAY HAVE ADDLISUER INSR WYD POLICY NUMBER	BEEN REDUCED BY PAID CLAIMS FOLICY EFF POLICY EXP (MM/DP/YYYY) (MM/DB/YYYY)	LIMITS EACH OCCUPRENCE S DAMAGE TO THE NED	1,000,000
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EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES, LIMITS SHOWN MAY HAVE ADDLISUER INSR WYD POLICY NUMBER	BEEN REDUCED BY PAID CLAIMS FOLICY EFF POLICY EXP (MM/DP/YYYY) (MM/DB/YYYY)	EACH OCCURRENCE \$ DAMAGE TO TRENTED PROMISES (FOR OCCURRENCE) 6 MED EXP (AGY ONE PERSON) \$	1,000,000 1,000,000 5,000
EXCLUSIONS AND CONDITIONS OF SUCH	A POLICIES, LIMITS SHOWN MAY HAVE ADDLISUBR POLICY NUMBER Q400155065	BEEN REDUCED BY PAID CLAIMS FOLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) 4/1/2013 4/1/2014	LIMITS EACH OCCURRENCE S DAMAGE TOTENTED PROMISES (TROCCURRENCE) S MEDICAL SADVINGURY S	1,000,000 1,000,000 5,000
EXCLUSIONS AND CONDITIONS OF SUCH	A POLICIES, LIMITS SHOWN MAY HAVE ADDLISUBR POLICY NUMBER Q400155065	BEEN REDUCED BY PAID CLAIMS FOLICY EFF POLICY EXP (MM/DP/YYYY) (MM/DB/YYYY)	LIMITS EACH OCCURRENCE \$ DAMAGE TO RENTED PROMISES (EN OCCURRENCE) \$ MED EXP (Pay one person) \$ HERSONAL SADVINGURY \$ GENERAL AGGREGATE*** \$	1,000,000 1,000,000 5,000 1,000,000 2,000,000
EXCLUSIONS AND CONDITIONS OF SUCH	A POLICIES, LIMITS SHOWN MAY HAVE ADDLISUBR POLICY NUMBER Q400155065	BEEN REDUCED BY PAID CLAIMS FOLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) 4/1/2013 4/1/2014	LIMITS EACH OCCURRENCE S DAMAGE TEACHEN ED PROMISSES (ES OCCURRENCE) S MED.EXP (Adv.one person) S MED.EXP (Adv.one person) S GENERAL AGGREGATE S EBODUCTS - COMP/OP AGG S	1,000,000 1,000,000 5,000
EXCLUSIONS AND CONDITIONS OF SUCH	A POLICIES, LIMITS SHOWN MAY HAVE ADDLISUBR POLICY NUMBER Q400155065	BEEN REDUCED BY PAID CLAIMS POLICY EFF POLICY EXP (MM/DD/YYYY) 4/1/2013 4/1/2014	LIMITS EACH OCCURRENCE S DAMAGE TO THE TED PROMISES (EN OCCURRENCE) S MEDEXP (Advone person) S MEDEXP (Advone person) S GENERAL AGGREGATE S ERODUCTS COMP/OP AGG S	1,000,000 1,000,000 5,000 1,000,000 2,000,000
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES. LIMITS SHOWN MAY HAVE ADDLISUBR INSR WYD Q400155065 Q040140689-	BEEN REDUCED BY PAID CLAIMS POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) 4/1/2014	LIMITS EACH OCCURRENCE S DAMAGE TEMENTED PREMISES TEXTOCOLUMNENCE S MED.EXP (AQV.one person) \$ MED.EXP (AQV.one person) \$ GENERAL AGGREGATE* \$ ERODUCTS COMP/OP AGG S COMBINED BANGLE LIMIT \$	1,000,000 1,000,000 5,000 1,000,000 2,000,000 2,000,000
EXCLUSIONS AND CONDITIONS OF SUCH	APOLICIES. LIMITS SHOWN MAY HAVE ADDLISUBR POLICY NUMBER Q400155065	BEEN REDUCED BY PAID CLAIMS POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) 4/1/2014	LIMITS EACH OCCURRENCE \$ DAMAGE TO LENTED PROMISES (EXOCUMENCE) \$ MED EXP (ANY ONE PERSON) \$ PERSONAL SADVINGURY \$ GENERAL AGGREGATE** \$ ERGODUCTS COMP/OP AGG \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Fer person) \$	1,000,000 1,000,000 5,000 1,000,000 2,000,000 2,000,000
EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES. LIMITS SHOWN MAY HAVE ADDLISUBR INSR WYD Q400155065 Q040140689-	POLICY EFF POLICY EXP (MM/PD/YYYY) 4/1/2013 4/1/2014 The property of	LIMITS EACH OCCURRENCE S DAMAGE TEMENTED PREMISES TEXTOCOLUMNENCE S MED.EXP (AQV.one person) \$ MED.EXP (AQV.one person) \$ GENERAL AGGREGATE* \$ ERODUCTS COMP/OP AGG S COMBINED BANGLE LIMIT \$	1,000,000 1,000,000 5,000 1,000,000 2,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Huizinga Brothers Construction Incorporated perform as General/Carpentry Contractor

Q280172205

Q885101523

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2,000,000

2,000,000

500,000

500,000

500,000

\$

\$

CERTIFICATE HOLDER

UMBRELLA LIAR

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

DED X RETENTION \$ 10,000

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

f yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

OCCUR

CLAIMS-MADE

Х

CANCELLATION

Lake County Plan Commission 2293 N Main St Crown Point, IN 46307 CASH CASH

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

4/1/2013

4/01/2013

4/1/2014

4/01/2014

EACH OCCURRENCE

WC STATU-

E.I., EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT . \$

AGGREGATE

Richard C Strytton

ACORD 25 (2010/05)

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