



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/31/2013

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<br>Crowel Agency Inc.<br>8244 Kennedy Avenue<br>Highland IN 46322  | CONTACT NAME: Temple Harlow           | FAX (A/C) No: (219) 972-5209            |        |
|   | PHONE (A/C No. Ext): (219) 923-2131   | E-MAIL ADDRESS: tch@crowelinsurance.com |        |
| INSURED<br>Premier Window Systems, A Division of<br>R & J Construction<br>1620-3 Cline Avenue<br>Scherverville IN 46375 | INSURER(S) AFFORDING COVERAGE         |   | NAIC # |
|   | INSURER A: Cincinnati Insurance Co.   |   |        |
|   | INSURER B: Progressive Insurance      |   |        |
|   | INSURER C: Accident Insurance Company |   |        |
|   | INSURER D:                            |   |        |
|   | INSURER E:                            |   |        |

COVERAGES CERTIFICATE NUMBER: 2012 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.

| INSTR | TYPE OF INSURANCE  | ADDITIONAL INSURERS  | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|-------|--|--|-----------------|-------------------------|-------------------------|--|
| A     | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>                |  | ENP0155606      | 08/01/2013              | 08/01/2014              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS-COMP/OP-AGG \$ 2,000,000 |
|       | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC   |  |                 |                         |                         |  |
| B     | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS  | <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS | CA02264096-9    | 08/22/2013              | 08/22/2014              | COMBINED SINGLE LIMIT (Ea accident) \$ 750,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|       | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000             |  | 20315906        | 08/01/2013              | 08/01/2014              | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$   |
| C     | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A   | 1273039-8354692 | 10/15/2013              | 10/15/2014              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
General Contractor which includes Siding & Carpentry.

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>(219) 755-3712<br><br>Lake County Plan Commission<br>2293 N. Main Street<br>Crown Point, IN 46307 | <b>CANCELLATION</b><br><br>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<br><br>Temple Harlow/TEMPLE <i>Temple Harlow</i>  |

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