

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/23/2013

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). CONTACT Gretchen Harding
PHONE
(A/C. No. Ext): (317)853-3500
E-MAIL
ADDRESS: gharding@pillargroup.com PRODUCER No): (317)853-3501 Pillar Group Risk Management, Inc. 301 Pennsylvania Parkway Suite 100 INSURER(S) AFFORDING COVERAGE NAIC# Indianapolis IN 46280 INSURER A: Riverport Insurance Company INSURED INSURER B : Grimmer Construction, Inc. INSURER C: 2619 Main Street INSURER D : CIT INSURER E :  $\boldsymbol{\omega}$ 46322 IN Highland INSURER F : CERTIFICATE NUMBER:13-14 IN WC only REVISION NUMBER: **COVERAGES** 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.

TYPE OF INSURANCE ADDLISUBRI INSURANCE IN \$ 71 GENERAL LIABILITY \$ 10 P PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY MED EXP (Amy one person) CLAIMS-MADE OCCUR PERSONAL & ADVINJURY \$ 79 F GENERAL AGGREGATE **Jocument** is PRODUCTS COMP/OP AGE \$ 20 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO This Document is the property of BODILY INJURY (Per accident) \$ ALL OWNED AUTOS PROPERTY DAMAGE \$ the Lake County Recorder! HIRED AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ \$ WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/E)
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH) 3/31/2013 3/31/2014 WC138800685700 X WC STATU-TORY LIMITS CUTIVE E.L. EACH ACCIDENT ,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$ 200 Camp 10389 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: Site Utility/Excavation CERTIFICATE HOLDER 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. Lake County Plan Commission

ACORD 25 (2010/05)

INS025 (201005) 01

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AUTHORIZED REPRESENTATIVE

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