

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/16/2013

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).

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| <b>PRODUCER</b><br>Lighthouse Insurance Agency<br>8213 Wicker Ave.<br>Saint John IN 46373 | <b>CONTACT NAME:</b><br>PHONE: (219) 366-0066<br>FAX: (219) 366-0066<br>E-MAIL: burnes@lighthouseagency.biz<br>ADDRESS:  |
|   | <b>INSURER(S) AFFORDING COVERAGE:</b> <input checked="" type="checkbox"/> F<br><b>INSURER A:</b> Auto Owners Insurance Company<br><b>INSURER B:</b> 00<br><b>INSURER C:</b> 00<br><b>INSURER D:</b> 00<br><b>INSURER E:</b> 00<br><b>INSURER F:</b> 00 |

**COVERAGES**      **CERTIFICATE NUMBER:**      **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  | ADOL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|--------------------|---------------|-------------------------|-------------------------|---|
| A        | <input type="checkbox"/> GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR       |                    | 09332809-13   | 01/01/2014              | 01/01/2015              | EACH OCCURRENCE \$1000000<br>DAMAGE TO RENTED PREMISES (Per occurrence) \$300000<br>MED EXP (Per one person) \$10000<br>PERSONAL & ADV INJURY \$1000000<br>GENERAL AGGREGATE \$1000000<br>PRODUCTS - COMP TOP AGG \$1000000 |
|          | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS |                    |               |                         |                         | COMBINED SINGLE LIMIT (Per accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR CLAIMS-MADE   |                    |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$  |
| A        | 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                | 09083861      | 06/08/2013              | 06/08/2014              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS<br><input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$100000<br>E.L. DISEASE - EA EMPLOYEE \$100000<br>E.L. DISEASE - POLICY LIMIT \$500000                     |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

General Contractor

12-16-13  
ck. 27631  
DN  
NOS-COM  
10/20

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| <b>CERTIFICATE HOLDER</b><br><br>Lake County Plan Commission<br>ATTN: Building Dept. - Mary Beth<br>2293 N. Main St.<br>Crown Point, IN 46307<br><br>Fax: (219) 765-3712 | <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.<br><br>AUTHORIZED REPRESENTATIVE: <i>Burnes T. Burnes</i> <BB> |
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