Client#: 70769

**BRANCONS2** 

ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/08/2014

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	CONTACT Donna Schieble AAI ARM AIS				
Chicago Select Business Group	PHONE (A/C, No, Ext): 920-453-9018 FAX (A/C, No): 312-268-7178				
HUB International Midwest Limited	EMAIL ADDRESS: donna.schieble@hubinternational.com				
55 East Jackson Boulevard Chicago, IL 60604	INSURER(S) AFFORDING COVERAGE NA	AIC#			
Chicago, iL 60604	INSURER A: Westfield Group				
INSURED	INSURER B:				
Brant Construction Management LLC	INSURER C:				
Jeffrey Brant	INSURER D:				
326 W Lincoln Highway	INSURER E:				
Schererville, IN 46375	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO	OD.			

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.									
INS	TYPE OF INSURANCE	ADDL SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	<b>€</b>				
A	GENERAL LIABILITY		CWP3671923	01/01/2014	01/01/2015		s 1,000,000			
	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE -X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300,000			
			,		1	MED EXP (Any one person)	s 10,000			
	X PD Ded:500 Cン					PERSONAL & ADV INJURY	s 1,000,000			
ļ.	Liani' to		Decrees	104 10		GENERAL AGGREGATE	s2,000,000			
	GEN'L AGGREGATE LIMIT APPÈIES PER:		Docume	11U 15		PRODUCTS - COMP/OP AGG	\$2,000,000			
L	POLICY PRO- JECT LOC			OTA	-	_ ~	s			
	AUTOMOBILE LIABILITY		NOTOFFI	CIA		COMBINED SINGLE LIMIT (Ea accident)	5-m (ö			
	ANY AUTO		T			BODILY INJURY (Per person)	Fr			
ŀ	ALL OWNED SCHEDULED AUTOS	This	Document is the	e prop	erty of	BODILY INDITRY (Per accident)				
	HIRED AUTOS NON-OWNED AUTOS	1	he Lake County	Record	derl	PROPERTY CAMAGE (Per accident)	اللاس اللاس			
١.			He Earle Country	ILCCOL	ici.	8 +	<b>\$</b> 07			
	UMBRELLA LIAB COCCUR				,	EACH OCCURRENCE	SDC Z			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE				
	DED RETENTION\$					مِ رَا	<b>S</b> -<:			
	(Mandatory in NH)					WC STATUS OTH-	S			
			N/A			E.L. EACH ACCIDENT	\$			
						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s			
l										
L										
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  Re: General Contractor License									

CERT	rific	ATE	HOLD	ER_

CANCELLATION

**Lake County Plan Commission** 2293 Main Street Crown Point, IN 46307 lon

10155

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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