Jan 15 2014 13:04

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OP ID: TB

CORD

CERTIFICATE OF LIABILITY INSURANCE

01/15/2014

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).

		INSURER E :	- (M)	
	109	INSURER D :	10	
4036 Georgi Gary, IN 464		INSURER C :	10	
		INSURER B :	0	
INSURED Turnak Roof		INSURER A : Westfield Insurance		24112
		INSURER(8) AFFORDING COVE	RAGE	NAIC #
Briggs Agency, Inc. 4000 West Lincoln Highway Merrillville, IN 46410 Timothy A. Briggs		PRODUCER CUSTOMER ID # TURNAK1		
		ADDRESS: tbriggs.brigg01@insuremail	.net —	
		PHONE (AJC, No. Ext): 219-769-4840	No): 2	Noj: 219-769-0216
PRODUCER		NAME: Timothy A. Briggs	N	

CO	VERAGES CER	NUMBER:	REVISION NUMBER;					
	HIS IS TO CERTIFY THAT THE POLICIES							
	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I							
	XCLUSIONS AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE BEEN		PAID CLAIMS.			
NER LIB	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	~ LIMI	TS.	
	GENERAL LIABILITY					EACH OCCURRENCE	1,000,000	
Α	X COMMERCIAL GENERAL LIABILITY		CWP7535851	05/01/2013	05/01/2014	PREMISES (Es accurrance)	500,000	
	CLAIMS MADE X OCCUR					MED EXP(Antone person)	15,000	
						PERSONAL & ADV INULEY	1,000,000	
						GENERAL AGGREGATE	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Docun	nent:	15	PRODUCTS - COMP/OP AGG	2,000,000	
	X POLICY PRO-					TT: 3		
	AUTOMOBILE LIABILITY		NOTOF		AL!	COMBINED SINGLE WITT	500,000	
	ANY AUTO	7	1 . D			BODILY INJURY (Perpeson)	1	
	ALL OWNED AUTOS		his Document is			BODILY INJURY (Per accident)) S	
A	X SCHEDULED AUTOS		the Lake Cour	05/01/2013 1 LV KeC	05/01/2014 0rder	PROPERTY DAMAGE (PER ACCIDENT)	\$	
	X HIRED AUTOS					(PER ACCIDENT)	5	
	X NON-OWNED AUTOS						15	
								
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	s	
	DEDUCTIBLE						†	
	RETENTION \$ WORKERS COMPENSATION					WC STATU- OYH		
	AND EMPLOYERS' LIABILITY					E.L. EACH ACCIDENT	5	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				EL DISEASE - EA EMPLOYE	~ ~ ~	
	(Mandatory in NH) If yes, describe under		THE	IIII		E.L. DISEASE - POLICY LIMIT		
	DESCRIPTION OF OPERATIONS below		TODE	300		E.L. DISEASE + FOLIOT CHAIR	1	
			ST OF THE				(:1	
DE:	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks Schools	le, if more apace t	s required)		2-50	
RO	ofing						10,705	
			E 1. SE	AL S			1010	
	•		THE JAID	and with			0 V	
CE	RTIFICATE HOLDER		CA	CELLATION			76%	
			LAKE009			ACCOUNTED DOLLGIES OF	CANCELLED BEECH	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								
		A	ACCORDANCE WITH THE POLICY PROVISIONS.					
Lake County Planning								
	Commission Planning & Bidg. Dept.		AUTI	AUTHORIZED REPRESENTATIVE				
	2293 N. Main St.		-	ナーレル	Su	مريح		
	2230 14. 1114111 02.		1	1 1111				

ACORD 25 (2009/09)

Crown Point, IN 46307

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