ACORD

CERTIFICATE OF LIABILITY INSURANCE

VANHO-1 OP ID: YS

DATE (MM/DD/YYYY)

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(les) 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 Julie M. Mattuli					
P.O. Box 90	surance Group 77	PHONE (A/C, No. Ext); 219-663-2483	(-662-3284				
Crown Political Julie M. Ma	nt, IN 46308-0907	E-MAIL ADDRESS:					
Julie M. Ma	www	INSURER(S) AFFORDING COVERAGE					
		INSURER A: The Travelers					
INSURED	Vander Laan Homes, LLC	INSURER B: Technology Services					
	8948 Park Side Lane St John, IN 46373	INSURER C:					
		INSURER D:					
		INSURER E :					
		INSURER F:					
COVERAG	ES CERTIFICATE NUMBER:	REVIS	SION NUMBER:				
THIS IS T	O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H	AVE BEEN ISSUED TO THE INSURED NAM	MED ABOVE FOR THE P	OLICY 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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE CIDAITS POLICY NUMBER EACH OCCURRENCE C \$ 1,000,000

1								1	1	1		
A	X	COMMERCIAL GEN	ERAL I	LIABILITY				680-3C922 999	11/06/2013	11/06/2014	PREMISES (Ea occurred)	\$ 300,000
		CLAIMS-MADE	X	OCCUR	t						MED EXP (Any one person)	s 5,000
											PERSONAL & ADV INJURY	\$ 1,000,000
											GENERAL AGGREGATED	\$ 2,000,000
	GEN	N'L AGGREGATE LIMI	T APPI	LIES PER	-			Docum	ent i	c	PRODUCTS - COMP/OP AGG	\$ 2,000,000
	X	POLICY PRO	<u> </u>	ιος				Docum		9		\$
	AUT	OMOBILE LIABILITY						NOT OFF	TOT	ATI	COMBINED SINGLE LIMIT (Ea accident)	s
		ANY AUTO						NUIUII	TOT		BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS	AL	CHEDULE JTOS		/ "	Ph	is Document is t	honro	nontr	BODILY INJURY (Per accident)	s
		HIRED AUTOS		ON-OWNE	D /				_	_	PROPERTY DAMAGE (PER ACCIDENT)	\$
								the Lake Count	v Reco	rder!	-2	\$
	X	UMBRELLA LIAB	X	OCCUR							EACH OCCURRENCE	\$77 > 2,000,000
A		EXCESS LIAB		CLAIMS	-MADE			CUP3D161760	11/06/2013	11/06/2014	AGGREGATE	s 2,000,000
		DED X RETEN	TION \$;	5,000						or in	\$
		RKERS COMPENSATI									X WC STATU- TORY LIMITS ER	22-
В	B ANY PROPRIETOR/PARTNER/EXECUTIVE			Y/N	N/A		TARIN49076-01-INDIANA	11/06/2013	11/06/2014	E.L. EACH ACCIDENT	\$ 500,000	
A	(Ma	ICER/MEMBER EXCLI ndetory in NH)	DDED?			" / A		6JUB6B07154713-ILLINOIS	06/20/2013	06/20/2014	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If ye	is, describe under SCRIPTION OF OPER	ATION	S below							E.L. DISEASE -POLICY LIMIT	
											2 2	
											4.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Addit General Contractor

W



CERTIFICATE HOLDER

CANCELLATION LAKCO-1

LAKE COUNTY PLAN COMMISSION 2293 N Main St Crown Point, IN 46307 $n^{\alpha^{\wedge}}$

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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ACORD 25 (2010/05)

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