

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/02/2013

Eric J. Lindemulder  Phone: 219.374.5544  LEGACY Insurance Group  Fax: 219.374.5549  12634 Wicker Ave (Rt. 41), PO BOX 2009  THIS CERTIFICATE IS ISSUED AS A MATTE ONLY AND CONFERS NO RIGHTS UPON HOLDER. THIS CERTIFICATE DOES NOT AI ALTER THE COVERAGE AFFORDED BY TH							FICATE ID OR	
Ced	ar La	ake, IN 46303		INSURERS AF	INSURERS AFFORDING COVERAGE			
INSU	RED			INSURER A: WE	ST BEND MUTUAL	INSURANCE COMPANY		
		FLOORS & KITCHENS, L	_TD	INSURER B:				
		10047 Raven Wood Dr	F	INSURER C:	INSURER C:			
		Saint John, IN 46373	"	INSURER D:		C	5	
		<u> </u>	<u> </u>	INSURER E:	INSURER E:			
cov	ERA	GES				#	-	
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	INSRD		POLICY NUMBER	POLICY EFFECTIVE DATE (MIM/DD/YY)	POLICY EXPIRATION DATE (MIM/DD/YY)	LIMITS		
١. ١		GENERAL LIABILITY				EACH OCCURRENCE \$	1,000,000	
A	ŀ	COMMERCIAL GENERAL LIABILITY	BCE 1225727	11/08/13	11/08/14	DAMAGE TO RENTED PREMISES (Ea occurence)	200,000	
		CLAIMS MADE V OCCUR				MED EXP (Any one person)	10,000	
	ŀ	H				PERSONAL & ADV INJURY \$	1,000,000	
	}	<u> </u>				GENERAL AGGREGATE \$	2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$	2,000,000	
Щ		POLICY PROJECT LOC						
	Į	AUTOMOBILE LIABILITY	<b>505</b> (6:			COMBINED SINGLE THAT	1,000,000	
A	Į	ANY AUTO	BCE 1225727	11/08/13	11/08/14	(Ea accident)	- TT - CD	
		ALL OWNED AUTOS				BODILY INJURY		
		SCHEDULED AUTOS				(Per person)	Co-Loren	
	ļ	HIRED AUTOS	Doct	ment	ic	BODILY INJURY	<b>具行</b> の	
		NON-OWNED AUTOS	Doce		10	(Per accident)		
			NOTO	FFIC	IAL!	PROPERTY DAMAGE (Per accident)		
		GARAGE LIABILITY	This Dearway	4 ! - 41		AUTO ONLY - EA ACCIDENT \$	<u> </u>	
	ŀ	ANY AUTO	This Documen	t is the pi	roperty o	=======================================	-	
	Ì	Ħ	the Lake Co	unty Rec	order!	OTHER THAN AUTO ONLY: AGG \$		
	$\neg$	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$	1,000,000	
A	ı	OCCUR CLAIMS MADE	CUE 1225728	11/08/13	11/08/14	AGGREGATE \$	1,000,000	
						\$	***************************************	
	ŀ	DEDUCTIBLE				s	· A	
	Ì	RETENTION \$				•		
	WOR	RKERS COMPENSATION AND LOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER		
Α			WCE 1225729	11/08/13	11/08/14	E.L. EACH ACCIDENT \$	500,000	
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	102,020	11,30,10	11/00/14	E.L. DISEASE - EA EMPLOYEE \$	500,000	
j j	If yes, SPEC	s, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT \$	500,000	
$\vdash \vdash$	OTHE			THE PARTY OF THE P		E.L. DISEASE POLICY LIMIT (\$		
			TUU	DER'S				
				THE STATE OF THE S				
DESC	RIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PROV	VISIONS	/		
Floo	ring C	Contractor						
İ				SELV 3				
WALL TO SELECT THE SEL								
CERTIFICATE HOLDER CANCELLATION								
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXI							ORE THE EXPIRATION	
		Lake County Plan Comm		/ )	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN			
l		Planning & Building Depa	aruments   $\prec$	1	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
		2293 N. Main St.	-ASHI	IMPOSE NO OBL	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR			
		Crown Point, IN 46307	O, :	REPRESENTATIV	-REPRESENTATIVES.			
			WON CV	AUTHORIZED RE	AUTHORIZED REPRESENTATIVE			
			ν	Eric J. Linde	emulder / LEGA	ACY Insurance Group		
ACC	RD 2	25 (2001/08)				© ACORD COI	RPORATION 1988	
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