

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/14/2014

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 Bobbie Marcinkewicz | | | | | |
|---|---|----------------------|---------------------------------------|------------------|---|----------------------------|--|--------------------|------------|--|
| Lagestee Insurance Agency, Ltd. | | | | | PHONE (A/C. No. Ext): (708) 339-7330 (A/C. No.): (708) 339-1933 | | | | | |
| 30 | 43 Ridge Road | | | E-MAIL ADDRES | E-MAIL ADDRESS: | | | | | |
| Su | ite 101 | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| Lansing IL 60438-3068 | | | INSURER A :West Bend Mutual | | | | e Co | 15350 | | |
| INSURED | | | | Melibeb B · | | | | | | |
| VANDERAA BUILDERS, INC | | | | Mediper C · | | | | | | |
| 141 W LAKEVIEW DR | | | | | | | | | | |
| 141 M TWVEATEM DK | | | INSURER D : | | | œ | | | | |
| LOWELL IN 46356 | | | | INSURE | | | | | | |
| | | 11100 | | | NSURER F: | | DESCRIPTION OF THE PROPERTY OF | | | |
| COVERAGES CERTIFICATE NUMBER:CL1411404622 | | | | | | | | | | |
| 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, | | | | | | | | | | |
| | XCLUSIONS AND CONDITIONS OF SUCH | POLICIES. ADDLISUBR | | BEEN | | | 3. | · | | |
| INSR LTR | TYPE OF INSURANCE | INSR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | | |
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | | ,1,000,000 | |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Es occurrent | m) 17 17 5 | ₹ 100,000 | |
| A | CLAIMS-MADE X OCCUR | | BCA0702314 | | 2/1/2014 | 2/1/2015 | MED EXPLANT one person | | 5,000 | |
| | | | | | | | PERSONAL & ADV INSU | | 1,000,000 | |
| 1 | | | | | | | GENERAL AGGREGATE | | 2,000,000 | |
| ł | | | | | | | and the state of t | 100 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | 4 . | | PRODUCTS - COMPIGE | N. L. W | 2,000,000 | |
| - | A POLICY LECT LOC | | / Docu | m | ent 1 | S | COMBINED SINGLE LIM | A | | |
| 1 | AUTOMOBILE LIABILITY | / | | | | | (Ea accident) | 3 | 1,000,000 | |
| A | X ANY AUTO | | BCA0702314 | | | ATI | BODILY INJURY (Per per | | | |
| | ALL OWNED SCHEDULED AUTOS | | BCA0702314 | | 2/1/2014 | 2/1/2015 | BODILY INJURY (Per est | ≱dent) \$ | | |
| ŀ | HIRED AUTOS NON-OWNED AUTOS | 777 | is Document | 10.4 | hanna | month. | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | 1 11 | is Document | . 15 Y | ne pro | perty | Underinsured motorist | \$ | 1,000,000 | |
| | X UMBRELLA LIAB OCCUR | | the Lake Co | unt | v Reco | rder! | EACH OCCURRENCE | s | 1,000,000 | |
| ١. | EXCESS LIAB CLAIMS-MADE | | | | , 22000 | 1001. | | - * - | 1,000,000 | |
| A | To Commonwhole | | CUA0702316 | | 2/1/2014 | 2/1/2015 | AGGREGATE | | 1,000,000 | |
| A | DED A RETENTION \$ 0 | | COR0702310 | | 7,2,2023 | -/-/ | WC STATU- | S IOTH- | | |
| ^ | AND EMPLOYERS' LIABILITY | | | | | | LTORY LIMITS | OTH- ER | | |
| 1 | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | 0/1/0014 | 0 (1 (001 - | E.L. EACH ACCIDENT | \$ | 500,000 | |
| | (Mandatory in NH) | | MCA0702315 | ĺ | 2/1/2014 | 2/1/2015 | E.L. DISEASE - EA EMPI | LOYEE \$ | 500,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY | LIMIT \$ | 500,000 | |
| | | | | | | | | | | |
| l | | | | | | | | | | |
| İ | | | | | | | | | ļ | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) | | | | | | | | | | |
| Ca | rpentry Contractor | • | TILL | THE PARTY | TID. | | | | | |
| EDLK SO S | | | | | | | | | | |
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| E SEAL ST | | | | | | | | | | |
| CERTIFICATE HOLDER // CANCELLATION | | | | | | | | | | |
| (210) TEE 2052 | | | | | | | | | | |
| ۲۷. | 19) 135-3053 | |) 3 | SHO | | | ESCRIBED POLICIES | | | |
| THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | |
| Lake County Plan Commission | | | | | | | | | | |
| | Building Department | AUTHO | AUTHORIZED REPRESENTATIVE | | | | | | | |
| | 2293 N. Main Street | Į | , , , , , , , , , , , , , , , , , , , | | | | | | | |
| | Crown Point, IN 4630 | , | - WE CONF | 1 | | | _ | | | |
| | | | NUN | R Lac | gestee/B0 | BBIE | Randall | Lage | stee | |
| | | | 7.~ | | | | | _ | | |

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