LESLIE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/20/2013

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 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). PHONE (A/C, No, Ext): (219) 465-6530 E-MAIL ADDRESS: FAX (A/C, No): (219) 476-1701 Anton Insurance Agency, Inc. 2600 Roosevelt Rd, Suite 2007 Valparaiso, IN 46383 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Ohio Security Insurance Company INSURER B: The Ohio Casualty Insurance Company INSURED INSURER C: West American Insurance Company Lakeshore Landscaping, Inc. P.O. Box 1310 INSURER D : Valparaiso, IN 46384 INSURER E : INSURER F **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. CERTIFICATE NUMBER: COVERAGES POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000.000 EACH OCCURRENCE \$
DAMAGE TO RENTED
PREMISES (Ea occurrence) \$ GENERAL LIABILITY 100,000 12/28/2013 12/28/2014 BKS54923452 X COMMERCIAL GENERAL LIABILITY 10,000 MED EXP (Any one person) \$ CLAIMS-MADE X OCCUR 1,000,000 PERSONAL & ADV INJURY 2,000,000 **Jocument** is GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: RRICI POLICY X PRO-COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY This BAS54923452 ent is the 12/28/2013 12/28/2014 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per acci \$ ALL OWNED AUTOS the Lake County Recorder! PROPERTY DAMAGE (PER ACCIDENT) \$ Χ X HIRED AUTOS \$ <u>\$ 0</u> 5.000.000 X UMBRELLA LIAB EACH OCCURRENCE (4) 5,000,000 12/28/2014 12/28/2013 AGGREGATE USO54923452 \$ EXCESS LIAB В CLAIMS-MADE 5,000,000 Prod/Comp. Ops. \$ DED X RETENTION \$ 0 X WC STATU-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? 500.000 12/28/2014 XWW54923452 12/28/2013 E.L. EACH ACCIDENT C N 500,000 E.L. DISEASE - EX EMPLOYEE \$ (Mandatory in NH) 500.000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Landscaping Contractor **CANCELLATION CERTIFICATE HOLDER**

Lake County Plan Commission Fax 219-755-3712 2293 N. Main Street Crown Point, IN 46307

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

Huli A. BM

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ACORD 25 (2010/05)

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