<i>ACORD</i> °	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2013

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 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 WAYVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not certificate holder in lieu of such endorsement(s).

PRODUCER	i such endorsement(s).	CONTACT	×	
Marsh USA Inc. 333 South 7th Street, Suite 1400		NAME: PHONE (A/C, No. Ext):	FAX (A/C, No):	
Minneapolis, MN 55402-2400		E-MAIL ADDRESS:		
	,	INSURER(S) AFFORDING COVERAG	iE 💍	NAIC#
022038-API-GAWXE-13-14	VFPSO VFPSO	INSURER A: ACE American Insurance Company	ČD.	22667
INSURED		INSURER B : ACE Property And Casualty Ins Co		20699
VFP Fire Systems, Inc. _ 3725 Cleveland Road, Suite 200		INSURER C: N/A		N/A
South Bend, IN 46628		INSURER D :	N	
1/		INSURER E :		
1		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	CHI-004260351-11 REVISION N		
THIS IS TO CERTIFY THAT INDICATED. NOTWITHSTA	THE POLICIES OF INSURANCE LISTED BELO NDING ANY REQUIREMENT, TERM OR COND	W HAVE BEEN ISSUED TO THE INSURED NAMED AE TION OF ANY CONTRACT OR OTHER DOCUMENT V	OVE FOR THE PONTE TO THE TO T	OLICY PERIOD O WHICH THIS

ISR TR	CLUSIONS AND CONDITIONS OF SUCH	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	- AMIT	s =	T S
Α	GENERAL LIABILITY			HDOG24554119	12/31/2013	12/31/2014	EACH OCCURRENCE	<u></u>	2,000,000
	X COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$ Z	□ ★ 600 ,000
Ì	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	29	70 A00
Ì	X INCL. CONTRACTUAL LIAB.						PERSONAL & ADV DODRYS) ,	20 G000000
				/			GENERAL AGGREGATE	5 ##	A 4000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			Documer	nt is		PRODUCTS - COMPTOD AGG	\$	3,000,000
	POLICY X PRO-			10 ocume			0	ီတုံ	22 ` :
Α	AUTOMOBILE LIABILITY			H08725305	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ =	2,000,000
	X ANY AUTO		1	OI OIII	UIA		BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED	771	ic	Document is the	nrone	erty of	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					~	PROPERTY DAMAGE (Per accident)	s	
	X Comp \$1000 X Coll \$1000		tl	ie Lake County l	Record	ler!		\$	
В	X UMBRELLA LIAB X OCCUR			XOOG27373756	12/31/2013	12/31/2014	EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
	DED RETENTION \$ 0							\$	
A	WORKERS COMPENSATION			WLR C47137937 (AOS)	12/31/2013	12/31/2014	X WC STATU- OTH-		
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			C47137949 (WI)	12/31/2013	12/31/2014	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	DESCRIPTION OF OPERATIONS BELOW								
				- THE REAL PROPERTY OF THE PERTY OF THE PERT					
DE 64	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IES (Attach	ACORD 101 Additional Remarks Schedule	if more space i	s required)			

CERTIFICATE HOLDER	CANCELLATION
Lake County Planning Commission Planning & Building Departments 2293 N. Main St. 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 of Marsh USA Inc.
	Manashi Mukherjee Manashi Mukhujik
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ACORD 25 (2010/05)

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