HOMEP-1

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OP ID: DC

DATE (MW/DD/YYYY) 01/21/14

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). 219-942-1028 CONTACT NAME:
219-947-2189 PHONE IAIC NO. EXU:
E-MAIL ADDRESS: The Bud insurance Agency 615 West 3rd Street Hobart, IN 46342 RON BUDZIELEK NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: State Auto Insurance Co Home Pro of Valparaiso, Inc INSURER 8 : Attn: Brady Bryan INSURER C 2504 Roosevelt INSURER D PO Box 1308 C INSURER E : Valparaiso, IN 46384 INSURER F **REVISION NUMBER: (3)** CERTIFICATE 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. COVERAGES POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ACOL SUBR POLICY NUMBER TYPE OF INSURANCE 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (ES OCCUTS GENERAL LIABILITY 100,000 02/06/15 PBP2551440 02/06/14 COMMERCIAL GENERAL LIABILITY 5,000 MED EXP (Any one person) CLAIMS-MADE X OCCUR 1,000,000 PERSONAL & ADV INCURY 2,000,000 GENERAL AGGREGATE Jocument is PRODUCTS - COMPOP AGG 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: ≓<u>⊝</u>™ ∃3,<u>90</u>0,000 POLICY PRO-LOC COMBINED SINGLE LIMIT AUTOMORILE LIABILITY BODILY INJURY (POLICE 777 02/06/15 02/06/14 RAP2281942 ANY AUTO BODILY INJURY (Per ALL OWNED SCHEDULED AUTOS Document is the 15 property PROPERTY DAMAGE e Lake County Recorder! HIRED AUTOS 1.000.000 EACH OCCURRENCE UMBRELLA LIAB X X OCCUR 1,000,000 02/06/14 02/06/15 BP2551440 AGGREGATE EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ X WC STATU-WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? 1,000,000 02/06/14 02/06/15 NCP2158789 E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE OFFICERMENT AND ADDRESS OF THE STATE OF THE 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 191, Additional Remarks Schoolule, If more space is required)
Carpentry Contractor CANCELLATION CERTIFICATE HOLDER **LAKECOU** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 12.00 Lake County Plan Commission

2293 Main Street Crown Point, IN 46307

AUTHORIZED REPRESENTATIVE

RON BUDZIELEK

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