



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/5/2013

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 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 IRONWOOD INSURANCE SERVICES, LLC 3715 Northside Pkwy. NW Ste. 1-500 Atlanta GA 30327	CONTACT NAME: Tina Currie
	PHONE (A/C No. Ext): (404) 503-9142 FAX (A/C No.): (404) 503-9101
	E-MAIL ADDRESS: tcurrie@ironwoodins.com
	PRODUCER CUSTOMER ID #: 00000133
INSURED Backyard Products, LLC Backyard Storage Solutions, LLC 1000 Ternes Drive Monroe MI 48162	INSURER(S) AFFORDING COVERAGE INSURER A: Liberty Surplus Insurance Corp INSURER B: New Hampshire Insurance Co INSURER C: Chartis Specialty Insurance Co INSURER D: SEE ATTACHED INSURER E: Liberty Mutual Fire Insurance INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

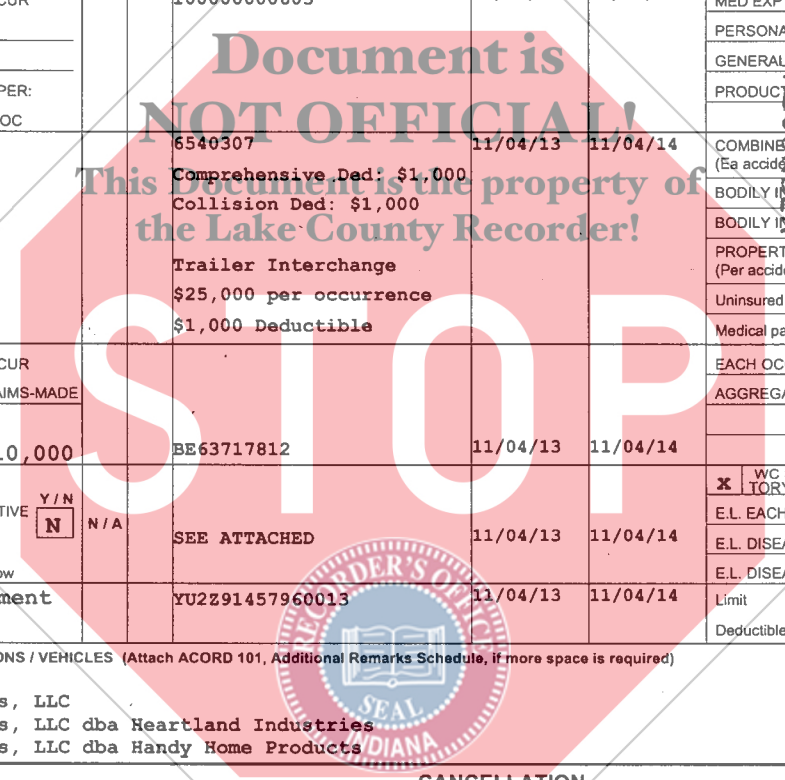
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			100000000605	11/04/13	11/04/14	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 1,000,000
B	AUTOMOBILE LIABILITY						PRODUCTS COMP/OP/AGG \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO			6540307	11/04/13	11/04/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS			Comprehensive Ded: \$1,000			BODILY INJURY (Per person)
	<input type="checkbox"/> SCHEDULED AUTOS			Collision Ded: \$1,000			BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> HIRED AUTOS			Trailer Interchange			PROPERTY DAMAGE (Per accident)
	<input checked="" type="checkbox"/> NON-OWNED AUTOS			\$25,000 per occurrence			Uninsured motorist com
				\$1,000 Deductible			Medical payments \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	DEDUCTIBLE						
	<input checked="" type="checkbox"/> RETENTION \$ 10,000			BE63717812	11/04/13	11/04/14	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			SEE ATTACHED	11/04/13	11/04/14	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Rented/Leased Equipment (Theft Included)			YU2291457960013	11/04/13	11/04/14	Limit \$100,000
							Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Named Insured Includes:
 Backyard Storage Solutions, LLC
 Backyard Storage Solutions, LLC dba Heartland Industries
 Backyard Storage Solutions, LLC dba Handy Home Products

CERTIFICATE HOLDER	CANCELLATION
Lake County Plan Commission Lake County Planning and Building Departm 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
	Francie Mooney/TINACU <i>Francie Mooney</i>



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814.00
 M.E
 non-com
 CLASH

COMMENTS/REMARKS

Backyard Construction, Inc.
Backyard Play Systems, LLC

Scope of Business - Carpentry Contractor



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