Point

Holder Identifier: Crown

Certificate No: 570052758046

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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). certificate holder in lieu of such endorsement(s)

PRODUCER Aon Risk Services Central, Inc.	CONTACT NAME:	:
Chicago IL Office	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C, No.): (800) 363-0105
200 East Randolph Chicago IL 60601 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDIN	G COVERAGE C NAIC#
INSURED Sears Holdings Corporation dba Sears Home Improvement Products, Inc Attn: Risk Management E3-219A 3333 Beverly Road Hoffman Estates IL 60179 USA	INSURER A: ACE American Insur	ance Company 22667
	INSURER B: Indemnity Insuranc	e Co of North America 48575
	INSURER C:	&
	INSURER D:	
*	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMB	ER: 570052758046 REVIS	SION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE L	ISTED BELOW HAVE BEEN ISSUED TO THE INSURED N	AMED ABOVE FOR THE POLICY PERIOD

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO MAILCH 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.

Limits shown are as requeste Limits shown are as requeste

LIR	TIPE OF INSURANCE	INSD	WVD	POLICY NUMBER	WWW.	(MM/DD/YYYY)	-imit	S
1 ^	X COMMERCIAL GENERAL LIABILITY			HD0G27022327	08/01/2013	08/01/2014	EACH OCCURRENCE [7]	
1	CLAIMS-MADE X OCCUR					1	DAMAGE TO RENTED	1\$5,000,000
1							PREMISES (Ea occurrence)	
Ì							MED EXP (Any one person) ;	-00-100-00 miles
1	CEAN ACCORDATE UNIT ACCUSE TO			Documen	nt is		PERSONAL & ADV INJURY	
l	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC			Docume			GENERAL AGGREGATE	-35,000,000
1	LA FOLICY LA JECT LA LOC			TOMORDI	OTA	T .	PRODUCTS - COMP/OP AGG	\$5,000,000
	OTHER:							
A	AUTOMOBILE LIABILITY			ISAH08719780	08/01/2013	08/01/2014	COMBINED SINGLE LIMIT	\$5,000,000
A	ANY AUTO		is	ISAH08719792 ent is th	08/01/2013	08/01/2014	(Ea accident)	\$3,000,000
"	ALL CHARLES FOR DOLLED IN CO.			T3WU001 T3003	09/01/5073	08/01/2014	BODILY INJURY (Per person)	
	AUTOS AUTOS		th	e Lake County	Kecor	der!	BODILY INJURY (Per accident)	
	X HIRED AUTOS X NON-OWNED AUTOS			•			PROPERTY DAMAGE (Per accident)	
							(i or doddcitt)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	DED RETENTION						AGGREGATE	
A	WORKERS COMPENSATION AND			WLRC47322534	00/01/2012	00		
1 1	EMPLOYERS' LIABILITY			CA MA AZ	08/01/2013	08/01/2014	X PER STATUTE OTH-	
В	ANY PROPRIETOR / PARTNER / EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A			08/01/2013	08/01/2014	E.L. EACH ACCIDENT	\$2,000,000
	(Mandatory in NH) If yes, describe under			All Other States		.,,	E.L. DISEASE-EA EMPLOYEE	\$2,000,000
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	\$2,000,000
				THER CO				
DESC	RIPTION OF OPERATIONS (LOCATIONS ASSESSED	EC /45	000	(CRUMAN O				
IKE:	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ank	cia	ting Windows Dans day	ttached if more :	space is required	4)	/ :
remo	General Contractor, Scope of W deling, cabinets, countertops,	HVAC.	, Flo	oring, windows, boors, Garage	e Doors, Ro	poring, .Ba	throom remodeling, K	itchen 🐧 🍊 👃
							' ''	> \~ 'at'
ł							/ 49"	. 102/

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Lake County Plan Commission 2293 North Main Street Crown Point IN 46307 USA

Aon Rish Services Central Inc

ACORD 25 (2014/01)

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AGENCY CUSTOMER ID: 570000034159

LOC#:

ADDITIONAL REMARKS SCHEDULE

Page	οf

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AGENCY		NAMED INSURED	
Aon Risk Services Central, Inc.		Sears Holdings Corporation	
POLICY NUMBER		7	
See Certificate Number: 570052758046			
CARRIER	NAIC CODE		
See Certificate Number: 570052758046	1	EFFECTIVE DATE:	
ADDITIONAL DESIADICO			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER .	
INSURER	
INSURER	
INSURER	

If a policy below does not include limit information, refer to the corresponding policy on the ACORD ADDITIONAL POLICIES certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION			Documen	nt is		
А		N/A		SCFC47322571 WI 1 OFFI	08/01/2013 A		
		l 'h	is I the	ocument is the Lake County l	prope Recorde	ty of r!	
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				THE P. C.			
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				Allan			
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ACORD 101 (2008/01)

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