

OP ID: JD **DYERC-1** 

350,000

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 02/14/2014 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 PEPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. PORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to tne 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). Joyce Dolato N PHONE (A/C, No. Ext): 219-682-1007 C FAX (A/C, E-MAIL ADDRESS: joyce.dolato@bramaninsurance.com FAX (A/C, No): **Braman Insurance Services** 8001 Broadway, Suite 300 Merrillville, IN 46410-6286 Randy C. Vale INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Amerisure Companies Dyer Construction Company, Inc INSURER B: INSURED 1716 Sheffield Avenue INSURER C: J Dyer, IN 46311 INSURER D :  $\sim$ INSURER E  $\odot$ INSURER F : REVISION NUMBER: 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 POLICY EXP.

TYPE OF INSURANCE

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REPORT OF INSURANCE

INSURANCE INSURANCE

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THE POLI COVERAGES EACH OCCURRENCE 1,000,000 \$ GENERAL LIABILITY DAMAGE FORENTED
PREMISES (2 a occurrence) 100,000 02/21/2014 02/21/2015 \$ CPP1317885 COMMERCIAL GENERAL LIABILITY X MED EXP (Any one person) 5,000 \$ CLAIMS-MADE X OCCUR 1,000,000 DERSONAL & ADV INJURY XCU X 2,000,000 GENERAL AGGREGATE \$ X Contractual 2,000,000 PRODUCTS COMP/OF AGG GEN'L AGGREGATE LIMIT APPLIES PER **Jocument** is POLICY X PRO-COMBINED SINGLE LIMI (Earaccident) 1,000,000 AUTOMOBILE LIABILITY DFFI 02/21/2014 02/21/2015 BODILY INJURY (Per person) S ANY AUTO BODILY INJURY (Per accident) ALL OWNED AUTOS SCHEDULED This Document is the property of AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (PER ACCIDENT) \$ Х X HIRED AUTOS the Lake County Recorder! \$ MCS-90 X 10,000,000 EACH OCCURRENCE £ UMBRELLA LIAB Χ OCCUR 10.000.000 02/21/2014 02/21/2015 AGGREGATE CU1317886 \$ **EXCESS LIAB** CLAIMS-MADE 0 DED X RETENTION\$ WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH) X WC STATU-TORY LIMITS 1.000.000 02/21/2014 02/21/2015 E.L. EACH ACCIDENT \$ WC1317887 N/A N 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ IN / IL 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ 585,000 02/21/2014 02/21/2015 IM2075194

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

IM2075194

Excavation & Utilities Contractor

CANCELLATION

LAKE001

Lake County Plan Commission 2293 North 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

02/21/2014 02/21/2015

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ACORD 25 (2010/05)

Installation Fltr

Motor Truck Cargo

**CERTIFICATE HOLDER** 

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