Client#: 87972

MMROOFI

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/09/2014

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 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). If Waiver of Subrogation is applicable, it only applies to the extent allowed by law.

CONTACT
NAME:
PHONE
(A/C, No, Ext): 312 595-6200
E-MAIL
ADDRESS: PRODUCER Construction - Remegi Team FAX (A/C, No): 312 595-6381 Mesirow Insurance Services 353 N. Clark Street INSURER(S) AFFORDING COVERAGE Chicago, IL 60654 INSURER A : Zurich American Insurance Co. 16535 INSURER B : Navigators Insurance Company 42307 INSURED M&M Roofing Inc. INSURER C: Westfield National Insurance Co 24120 1877 E. Summit INSURER D : Crown Point IN 46307 INSURER E : INSURER F :

C	OVERAGES CER	TIFICATE	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 TYPE OF INSURANCE ADDLISUBR (MM)DD/YYYY) (MM)DD/YYYY) (MM)DD/YYYY) (LIMITS)							
1	t.	INSR WVD					1	
A	·		GLO3703060	05/01/2014	05/01/2015	DAMAGE TO RENTED	\$1,000,000	
1	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000	
1	CLAIMS-MADE X OCCUR	1 p				MED EXP (Any one person)	s10,000	
	- N Z					PERSONAL & ADV INJURY	s1,000,000	
	¥ ≦			1		GENERAL AGGREGATE	\$2,000,000	
1	GEN'L AGGREGATE LIMIT APPLIES PER:		Docume	nt 1s		PRODUCTS - COMP/OP AGG	s2,000,000	
	POLICY X PRO CIOC COL	I V				:	s	
С	AUTOMOBILE LIABLETO		TRA0432338	05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000	
ļ	X ANY AUTO LL C	5/ 1/4	101 0111			BODILY INJURY (Per person)	\$	
ĺ	ALL OWNED TO SCHEDULED SCHEDULED	This	Document is th	e prop	erty o	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS AUTOS NORTOWNED O	4			~	PROPERTY DAMAGE (Per accident)	s	
١.	S 1	t	he Lake County	Kecor	der!	If of accidents	\$.	
В	X UMBRELLA LIAB X SCCU		CH14EXC776733IV	05/01/2014	05/01/2015	EACH OCCURRENCE	\$2,000,000	
] .						AGGREGATE	\$2,000,000	
	DED RETENTION \$						s	
A	WORKERS COMPENSATION	1.	WC3703059	05/01/2014	05/01/2015	X WC STATU- OTH-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	s1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	s1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s1,000,000	
1.2								
	-		THE REAL PROPERTY.					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
General/Roofing Contractor								
WOIANA								

CERTIFICATE HOLDER

CANCELLATION

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

257027 2000107 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

John P. Horney

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