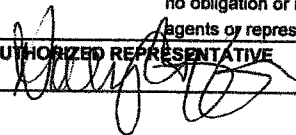


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MICHAEL H. BROWN
RECORDER

ACORD CERTIFICATE OF INSURANCE						
Producer ROBLEY INSURANCESERVICE 102 NORTH MADISON AVE GREENWOOD, INDIANA 46142		This certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.				
Insured MIRICH CONSTRUCTION AND DEVELOPMENT CORPORATION PO BOX 34615 INDIANAPOLIS, IN 46234		Companies Affording Coverage				
		Company A INDIANA FARMERS				
		Company B MERCHANT BONDING				
		Company C				
		Company D				
COVERAGES 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.						
CO LTR	Type of Insurance	Policy Number	Policy Effective Date (mm/dd/yy)	Policy Expiration Date (mm/dd/yy)	Limits	
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur. <input type="checkbox"/> PACKAGE POLICY	029-020-461393	5/5/2014	5/5/2015	General Aggregate \$ 2,000,000 Products-Comp/Op Agg \$ 2,000,000 Personal & Adv Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Med Exp (Any one person) \$ 5,000	
	Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage	
	Garage Liability <input type="checkbox"/> Any Auto				Auto Only - Ea Accident Other than Auto Only Each Accident Aggregate	
	Excess Liability <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form				Each Occurrence Aggregate	
	Workers Compensation and Employer's Liability The Proprietor/Partners/ Executive Officers are: <input type="checkbox"/> Incl <input type="checkbox"/> Excl				Statutory Limits Other Each Accident Disease - Policy Limit Disease - Each Employee	
B	Other BOND	IN 13504	5/15/2014	5/15/2015		\$5,000
Description of Operations/Locations/Vehicles/Special Items GENERAL CONTRACTOR, THE BOARD OF COMMISSION OF THE COUNTY LAKE, STATE OF INDIANA & ANY CITIES & TOWNS IN LAKE COUNTY						
CERTIFICATE HOLDER/ADDITIONAL INSURED LAKE COUNTY PLAN COMMISSION PLANNING & BUILDING DEPARTMENT 2293 NORTH MAIN STREET CROWN POINTE, IN 46307			CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.			
			AUTHORIZED REPRESENTATIVE 			



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