		7 6
AC	:OI	7D°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/18/2014

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)

PRODUCER		NAME: Cynthia Matus	
Knight Crockett Miller 22 North Erie Street Toledo OH 43604-6943		PHONE (A/C, No, Ext):419-241-5133	FAX (A/C, No):419-321-5280
		É-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: Westfield Group	24112
INSURED	CPCOM-1	INSURER B:	
C.P. Complete Home Maintenance	e /	INSURER C:	
Cal Pawson		INSURER D :	
8507 Whiteford Center Road Ottawa Lake MI 49267		INSURER E :	
Ottavia Lanc iiii 4020i		INSURER F :	
COVERAGES	CERTIFICATE NUMBER: 1316919551	REVISION NUM	MBER:

EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CWP7346677 1/15/2014 1/15/2015 GENERAL LIABILITY \$1,000,000 \$500,000 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 Document is \$2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-JECT COMBINED SINGLE LIMIT (Ea accident) CWP7346677 1/15/2014 1/15/2015 AUTOMOBILE LIABILITY \$1,000,000 BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS This Document is the property of BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS the Lake County Recorder! \$ EACH OCCURRENCE UMBRELLA LIAB \$ OCCUR EXCESS LIAB AGGREGATE CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) LAKE COUNTY
FILED FOR RECORD 2014 049472 2014 AUG 18 PM 2: 05 MICHAEL L. BROWN RECORDER

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 Planning Commission 2293 N. Main Street Crown Point in 46307

AUTHORIZED REPRESENTATIVE

Kimich P. Knight

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD