KREME-2 OP ID: NG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/25/2014

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
LBS Insurance Group
Mike Berke 1.800.909.4799
303 MAIN ST W PO BOX 498
ASHLAND, WI 54806-0498
MICHAEL B BERKE

CONTACT NAME: MICHAEL B BERKE
PHONE (A/C, No, Ext): 715-682-6197 FAX (A/C, No): 715-682-6312
E-MAIL ADDRESS: mberke@lbsinsurancegroup.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : MIDWEST FAMILY MUTUAL	
INSURER B : COLONY INSURANCE COMPANY	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Kremer & Davis, Inc
132 OSBORNE RD
FRIDLEY, MN 55432

COVERAGES CERTIFICATE 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							
A	X COMMERCIAL GENERAL LIABILITY			ACMN0560081070	09/01/2014	09/01/2015	EACH OCCURRENCE	2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	50,000
							MED EXP (Any one person)	5,000
B	X cmml poll liab			CPL302548	09/01/2014	09/01/2015	PERSONAL & ADV INJURY	2,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	POLICY X PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
A	X ANY AUTO			CAMN0560081071	09/01/2014	09/01/2015	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	$
								$
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 10,000,000
A	EXCESS LIAB CLAIMS-MADE			CUMN0560081072	09/01/2014	09/01/2015	AGGREGATE	$ 10,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS / OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N / N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCIL0560078091	09/01/2014	09/01/2015	E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	rented/leasd equip			ACMN0560081070	09/01/2014	09/01/2015	rntd/lsd	100,000
A	XCU			ACMN0560081070	09/01/2014	09/01/2015	XCU	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
scope of work: commercial waterproofing

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CERTIFICATE HOLDER

Lake County Plan Commission
Lake County Indiana
2293 N Main St
Crown Point, IN 46307

12 - non cons 3 4 848 RM

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.

AUTHORIZED REPRESENTATIVE
MICHAEL B BERKE

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