

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/14

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 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, subjection the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights-te-the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER (A)C, No): (219) 987-3107 (219) 987-3108 Century Insurance Agency Inc century@demotte.comcastbiz.net PO Box 79 Demotte, IN 46310 INSURER(S) AFFORDING COVERAGE NAIC # a (219) 987-3107 Property-Owners 32905 Fax (219) 987-3108 Phone INSURER A O INSURED INSURER B : Brodner Brothers inc INSURER C Auto-owners 18988 INSURER D : 4246 W 1100 N INSURER E (219) 956-4784 Wheatfield, IN 46392-7038 INSURER F 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 RESPECTED 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. CIMITS OF ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER \$_1,000,000.00 GENERAL LIABILITY \$.7300,000.00 ✓ COMMERCIAL GENERAL LIABILITY s;;i0,000.00 CLAIMS-MADE OCCUR MED EXP (Any one person 09709993 12/05/2014 12/05/2015 \$<u>_1;000,000.00</u> PERSONAL TADV INJURY GENERAL AGGREGATE \$ 1,000,000.00 PRODUCTS - COMP/OP 1,000,000.00 \$ GEN'L AGGREGATE LIMIT APPLIES PER ocument is POLICY PRO-COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO
ALL OWNED
AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) \$ This Document is the property of PROPERTY DAMAGE (Per accident) HIRED AUTOS the Lake County Recorder \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$
WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY \$ WC STATU- OT TORY LIMITS ER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) \$ 100.000.00 09706694 E.L. EACH ACCIDENT 12/05/2014 12/05/2015 E.L. DISEASE - EA EMPLOYE \$ 100,000.00 If yes, describe under DESCRIPTION OF OPERATIONS bel E.L. DISEASE - POLICY LIMIT \$ 500,000.00 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Roofing **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2010/05) QF

Lake County Planning Commission

2293 North Main Street Crown Point, IN 46307-

(219) 755-3712