



# CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY)  
12/5/14

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000  
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NAME AND ADDRESS OF AGENCY CHURILLA INSURANCE 2842 45TH ST STE B HIGHLAND, IN 46322-2986  (219)922-4447	AGENT'S NO. FF1413	COMPANIES AFFORDING COVERAGE Co.: C. ERIE INSURANCE COMPANY Co.: D. ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E. ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-In-Fact (in NY) Co.: F. ERIE INSURANCE COMPANY OF NEW YORK Co.: G. FLAGSHIP CITY INSURANCE COMPANY
NAME AND ADDRESS OF NAMED INSURED CORY BARTON DBA BARTON CONCRETE 1160 WEST ST VALPARAISO, IN 46385		This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO. Aff'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
E	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q36 1020784	12/10/14	12/10/15	EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any One Fire) \$ 500,000 MED EXP (Any One Person) \$ 5,000 PERSONAL & ADV. INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000
C	<input type="checkbox"/> AUTOMOBILE LIABILITY (OWNED, HIRED, NON-OWNED) <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q12 1030612	12/10/14	12/10/15	BODILY INJURY (EACH PERSON) \$ BODILY INJURY (EACH ACCIDENT) \$ PROPERTY DAMAGE \$ BODILY INJURY AND PROPERTY DAMAGE COMBINED \$ 500,000
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE  <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION & EMPLOYERS LIABILITY				STATUTORY BODILY INJURY BY ACCIDENT \$ EACH ACCIDENT DISEASE \$ POLICY LIMIT DISEASE \$ EACH EMPLOYEE
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
SCOPE OF WORK CONCRETE CONTRACTOR

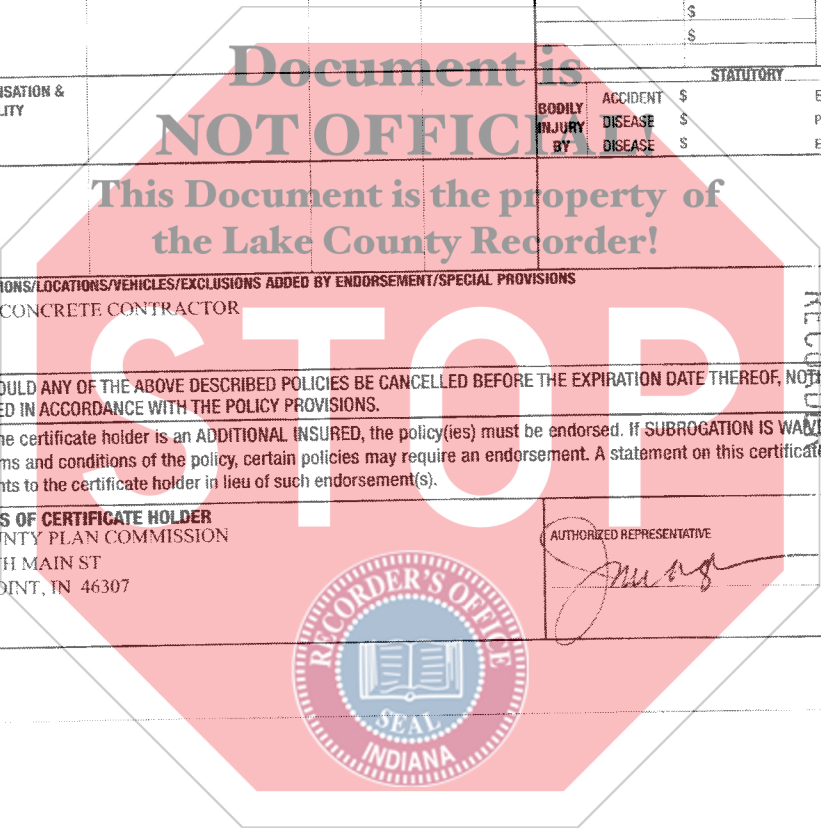
**CANCELLATION:** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WANTED, 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).

NAME AND ADDRESS OF CERTIFICATE HOLDER LAKE COUNTY PLAN COMMISSION 2293 NORTH MAIN ST CROWN POINT, IN 46307	AUTHORIZED REPRESENTATIVE 
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 LAKE COUNTY  
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