(page 1 of 1) 11/26/2014 02:26:34 PM

SEURISEA : Philidephila Indomnila Insurance Company 80525 3135 W Laire Shore Dr Cedar Lake , in 46303- The 18 TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY FOR INSURED NAMED ABOVE FOR INSURED NAMED ABOVE FOR THE POLICY FOR INSURED NAMED ABOVE FOR INSURED NAMED ABOV	ACORD CERTIFICATE OF LIABILITY INSURANCE									DATE (MM/DD/YYYY) 11/26/2014		
Technisurance 1301 Certral Exply South, Sule 115 Allen, TX 75013 1303 W. Lake Potent is Certificate Allen Potential Explosion of Allen Explosion of All	В	ERTIFICATE DOES NOT ELOW. THIS CERTIFIC	AFFIRMA ATE OF IN	TIVELY (OR NEGATIVELY AMEND CE DOES NOT CONSTITU	, EXTEND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	E POLICIES		
Techinsurance 1501 Certral Expty. South, Sulf-16 Aller, TX 75013 Aller,	th	e terms and conditions	of the policy	y, certair	n policies may require an e	policy(ies) must be endorsement. A sta	e endorsed. tement on th	If SUBROGATION IS Value certificate does not	WAIVED confer), subject to rights to the		
Techinsurance Techin	-		Suon Chao	Jemend	(4).	CONTACT					\dashv	
INSURED SINGER D. SOURCES OF PRODUCT SURVEY STATE TO STAT			130	1 Central	Expy. South, Suite 115	PHONE (A/C, No. Ext): 800-66 E-MAIL ADDRESS:	68-70 2 0	FAX (A/C, No)	_{i:} (877) (826-9067		
REUBER 1, Printed boyd insurance Company 18053 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder Lake , IN 46303- 13135 W Lake Shore Dr. Coder			, Alle	1, 1775	NOTO	CUSTOMER ID #:	SURER(S) AFFOI	RDING COVERAGE		NAIC #	-	
SIG MIRINIUM GRUP, I.G. Kubisk Development L.C. 1335 W Lake Shoro Dr Ceder Lake , IN 48303- CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INCIDATE. THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INCIDATE. WORKERS. THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INCIDATE. WORKERS. TYPE OF MISIBANCE. OR SHOW POLICY HAMBER. THE OLITICAL HAMBER. THE MISIBANCE. THE OLITICAL HAMBER. THE OLITICA	NSU	RED		/ 4	NULU						7	
191358 V Lake Shore DT Coder Lake , IN 48303- THIS IS TO CERTIFY THAT THE POLICIES OF INSUFANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE DIAMBED ABOVE FOR THE POLICY PER MIDICATED. NOTWITHSTANDING ANY REQUIRENCE VIEWS OF INSUFANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AMEDIA ABOVE FOR THE POLICY PER MIDICATED. NOTWITHSTANDING ANY REQUIRENCE VIEWS OF INSUFANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AMEDIA ABOVE FOR THE POLICY PER EXCLUSIONS AND CONNTICINS OF SIZE POLICIES LIBITS SHOWN ANY VALUE SEEN. PER TYPE OF BIBURANCE. GENERAL MARILITY	Sla	Millennium Group, Llc: Ku	biak Develor	ment LL	C .					 	7	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATE. NOTWINGSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH IS THE SOCIOUS BECKNIED HERE SECRIFIC HERE SECRIFIC HERE SOCIED BECKNIED HERE SECRIFIC HERE SEC	_	• • • •	. /	0						 	1	
COVERAGES CETIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER CENTRE OF THE POLICY PER CENTR OF THE POLICY PER CENTR OF THE POLICY PER CENTR OF THE POLICY PER	Cec	ar Lake , IN 46303-	\sim				LA VIV				7	
CERTIFICATE NUMBER: CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MARIED ADDRESS. FOR THE POLICY FER INSURED TO THE INSURED MARIED ADDRESS. FOR THE POLICY FER INSURED MARIED ADDRESS. THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MARIED ADDRESS. FOR THE POLICY FER INSURED MARIED ADDRESS. THE POLICY FER INSURED MARIED ADDRESS. TO MENT ON MICHIGAN TO MIC			<i>{</i> }	. 1	the Lake Co	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	ecord	er!	/	1	1	
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE PROUICED SO TRISURANCE LIBETED BELOW HAVE BEEN ISSUED TO THE INSURE ADDRESS THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TERM OR CONDITIONS OF SUCH PROUICES AND CONDITIONS OF SUCH POLICES LIMITS SHOWN MAY 14 AVE BEEN INDICATED. SO THER DOCUMENT WITH RESPECT TO WHICH TERM OR CONDITIONS OF SUCH POLICES LIMITS SHOWN MAY 14 AVE BEEN REDUCED BY PAID CLAIMS. THE PROPERTY OF INSURANCE ADDRESS LIMITS SHOWN MAY 14 AVE BEEN REDUCED BY PAID CLAIMS. BEEN TO OR INSURANCE ADDRESS LIMITS SHOWN MAY 14 AVE BEEN REDUCED BY PAID CLAIMS. COMMERCIAL LIBILITY CAMMERCIAL CRIMEN AND INCIDENT APPLIES PER PROUICE AND										 	1	
THIS IS TO CERTIFY THAT THE ROLLOIS OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE NAMED ADDUE FOR THE POLICY PER MIDICATED. NORTHITH SAMPLES FOR THE POLICY	co	/ERAGES	CEF	RTIFICA	TE NUMBER:			REVISION NUMBER:		<u> </u>	_	
INDICATED. NOTWITHSTANDING ANY REGULERMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TERM OR SUBJECT TO ALL THE TERM CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TERM OR SUBJECT TO ALL THE TERM OR SUB						VE BEEN ISSUED TO			THE POL	JCY PERIOD	7	
EXCLISIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REQUISED BY PAID CLAIMS. REST TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REQUISED BY PAID CLAIMS. REST TYPE OF INSURANCE ADDITION OF COLUMNS AND BY THE ASSESSMENT OF THE ASSOCIATION OF CHERALACIDED OF THE ASSESSMENT OF THE ASSOCIATION OF CHERALACIDED OF THE ASSOCIATION OF CHERALACIDED OF THE ASSOCIATION OF CHERALACIDED OF THE ASSOCIATION OF CHERALORS AND WHAT IN THE POLICY BY THE ASSOCIATION OF CHERALORS AND WHAT IN THE POLICY BY THE ASSOCIATION OF	١N	DICATED. NOTWITHSTAN	DING ANY R	EQUIREN	MENT, TERM OR CONDITION	OF ANY CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS		
TYPE OF INSURANCE INSURANCE INSURY POLICY NUMBER INDUSTRY INDUSTRY LIMITS GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY ANY AUTO ALL CYNIED AUTOS SCREEN LIABILITY ANY AUTO ALL CYNIED AUTOS SCREEN LIABILITY WORKERS COMMENT APPLIES PER POLICY PRO- PRODUCTS - COMPINED AUTOS SCREENLUED AUTOS SCREENLUED AUTOS SCREENLUED AUTOS NON-COWNED AUTOS SCREENLUED AUTOS WORKERS COMMENSANOR PRODUCTS - COMPINED STREET SCREEN LIABILITY WORKERS COMMENSANOR Ves GENERAL LIABILITY ANY AUTO ALL CYNIED AUTOS SCREENLUED AUTOS SCREENLUED AUTOS WORKERS COMMENSANOR PRODUCTS - COMPINED STREET SCREEN LIABILITY WORKERS COMMENSANOR AGGRECATE SCREEN LIABILITY ANY PROPROSTICE LIABILITY NAME COMPINED AUTOS SCREEN LIABILITY WORKERS COMMENSANOR AND PROPROSTIC DEVIAL EXPLORED STREET SCREEN LIABILITY WORKERS COMMENSANOR AND PROPROSTIC DEVIAL EXPLORED STREET SCREEN LIABILITY NAME PROPROSTICAL LIABILITY SCREEN LIABILITY NAME PROPROSTICAL LIABILITY SCREEN LIABILITY SCR	E	CLUSIONS AND CONDITION	NS OF SUCH	PERTAIN	I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	ED BY THE POLICIE	S DESCRIBE	HEREIN IS SUBJECT T	O ALL	THE TERMS,		
GENTLAGGREAL LUBRITY CLAMS-MADE COCUR GENTLAGGREATE LIMIT APPLES PER POLICY PROLET LOG ANY AUTO ANY AUTO ALL CHANGE AUTOS SCHEDED AUTOS SCHEDE AUTOS SCHED AUTOS SCHEDE AUTOS SCHED AUTOS SCHEDE AUTOS SCHED AUTOS SCHEDE AUTOS SCHEDE AUTOS SCHED AUTOS SCHED	ISR			ADDLISUE	BRÍ				TC		-	
COMMERCIAL GENERAL LIBELTY CLAMS-MADE CLAMS-MADE CLAMS-MADE COUR CENT. AGGREGATE LIMIT APPLIES PER. POLUT POLUT REC. POLUT REC. POLUT REC. LOG AUTOMOBILE LABRITY ANY AUTO AL OWNED AUTOS S. SCHEDULED AUTOS S. SCHEDULED AUTOS WHERE A UTOS NON-OWNED AUTOS S. SCHEDULED AUTOS WORKERS COURS CLAMS-MADE V. NON-OWNED AUTOS DEDUCTIBLE V. RETENTION \$ 10,000 CLAMS-MADE V. NON-OWNED AUTOS S. SCHEDULED AUTOS WORKERS COMMENSATION AND DEDUCTIBLE V. RETENTION \$ 10,000 RECESS LIAB CLAMS-MADE V. NON-OWNED AUTOS S. SCHEDULED AUTOS S. SCHEDULED AUTOS V. NON-OWNED AUTOS V. NON-OWNED AUTOS S. SCHEDULED AUTOS V. NON-OWNED AUTOS V. NON-OWNED AUTOS S. SCHEDULED AUTOS V. NON-OWNED AUTOS V. NON-OWNED AUTOS S. SCHEDULED AUTOS V. NON-OWNED AUTOS S. SCHEDULED AUTOS S. SCHEDULED AUTOS V. NON-OWNED AUTOS S. SCHEDULED AUTOS S. SCHEDULED AUTOS V. NON-OWNED AUTOS V. NON-OWNED AUTOS V. NON-OWNED AUTOS S. SCHEDULED AUTOS V. NON-OWNED AUTOS S. SCHEDULED AUTOS S. SCHEDULED AUTOS V. NON-OWNED AUTOS V. NON-OWNED AUTOS S. SCHEDULED	-15		-	INSR WV	POLICY NUMBER	(NEM/DD/YYYY)	(MIM/DD/YYYY)				┪	
CLAIMS-MADE V OCCUR Yes 46SBMB03574 SZ8/2014 SZ8/2014 SZ8/2014 SZ8/2014 SZ8/2015 PROCHETY PAPILES PER POLICY PROLICY PROLICY FOR PARCE AUTOMOBILE LUABILITY ANY AUTO ALL OWNED AUTOS SCHEDULE AUTOS SCHEDULE AUTOS SCHEDULE AUTOS V INRED AUTOS S SCHOOLO AGGREGATE S 5.000.000 ELL DISEASE - POLICY LIMIT S 1.000.000 ELL D			1100					DAMAGE TO RENTED			4	
ANY AUTO ANY AUTOS AL OWNERD AUTOS NON-OWNER AUTOS CENTRA CAGE Ves ASSEMBD3574		- COMMERCIAL GENEROLL									-	
GENERAL AGGREGATE LIMIT APPLIES PER POLICY PRODUCTS - COMPIOP AGG \$ 2,000,000 AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEBLUAD AUTOS SCHEBLUAD AUTOS V NON-OWNED AU	.	CLAIMS-MADE	OCCUR					MED EXP (Any one person)			4	
GENT AGGREGATE LIMIT APPLIES PER: POULCY PRO PRODUCTS - COMPINED SINGLE LIMIT \$ 1,000,000 ANY AUTON ALL OWNED AUTOS \$ 2,000,000 ANY AUTO ALL OWNED AUTOS \$ 1,000,000 SCHEDULED AUTOS \$ 1,000,000 Yes A6SEMED3574 \$ 362,014 \$ 362,015 PRODECTY DAMAGE \$ 1,000,000 For accident) \$ 1,000,000 EXCESS LIAB CLAMIS-MADE Yes 46SEMED3574 \$ 5,28,2015 PROPERTY DAMAGE \$ 5,000,000 AGGREGATE \$ 5,000,000 A	}			Yes	46SBMBD3574	5/28/2014	5/28/2015	PERSONAL & ADV INJURY	· ·		4	
POLICY PRO LOC LOCATIONS LUBBILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS SCHEDULED AUTOS WORKERS COMPENSATION AND EMPLOYERS LIABILITY WIBRELLA LIAB DEDUCTIBLE VERTENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE N IT ASSESSED AUTOR NO.000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE N IT ASSESSED AUTOR NO.000 Professional Liability (Errors and Omissione) Professional Liability (Errors and Omissione) Professional Liability (Errors and Omissione) ESCRIPTION OF OPERATIONS / LOCATIONS								GENERAL AGGREGATE	\$ 2,000	1,000		
ANY AUTO ANY AUTO ANY AUTO ANY AUTO ALL CWINED AUTOS SCHEDULED AUTOS WINED WIN			IES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000	1,000	_	
ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS WIRED AUTOS WINDOWNED AUTOS WORKERS COMPENSATION AND EMPLOYERS LIABILITY STATUL OTH- NOT EXCESS LIAB WORKERS COMPENSATION AND EMPLOYERS LIABILITY STATUL OTH- NOT EMPLOYER STATUL OTH- NOT EMPLOYER STATUL OTH- LEACH ACCIDENT \$ 1,000,000 EL DISEASE - LA BENDOWNE \$ 1,000,000 EL DISEAS - LA BENDOWNE \$ 1,000,000 EL DI			LOC			THE PARTY OF THE P			\$			
ALL CWINED AUTOS SCHEDULED AUTOS WHIRED AUTOS WHIRED AUTOS WHIRED AUTOS WHON-COWNED AUTOS WHOREPATION S 10,000 WORKERS COMPENSATION AND EMPLOYERS LIABLE WROTER TO STANDARD WORKERS COMPENSATION AND EMPLOYERS LIABLET WROTER TO STANDARD WHORKERS COMPENSATION AND EMPLOYERS LIABLET WROTER TO STANDARD WROTER TO STANDA					NIC.	DELCO OF			\$ 1,000	2,000	1	
SCHEDULED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS SCHOOL SCHOO					SO			BODILY INJURY (Per person)	\$		7-9	
WORKERS COMPENSATION AND PROPERTORY ATTINES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (Ublak Development LLC is named as Additional Insured as their interests may appear in regards to general liability, automobile liability and umbrella excelability. CANCELLATION BHORN COUNTRINES BE CANCELLED BEFORM ACCORD 101 AND FINAL COUNTRINES BE CANCELLED BEFORM ACCORD NATE THEREOF, NOTICE WILL BE DELIVERED CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM AND AND EMPLOYER STATEMENT AND EMPLOYER					ES:	nt=^=r1 🥨	E	BODILY INJURY (Per accident)	\$		+444	
WINDERLIA LIAB	1	T.7		Yes	46SBMBD3574	5/28/2014	5/28/2015	PROPERTY DAMAGE	•	,	10	
UMBRELLA LIAB V OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE DEDUCTIBLE V RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY V IN ANY PROPRETOR/PARTNER/EXECUTIVE N I I 1,000,000 PROJESSIBLE NO DESCRIPTION OF OPERATIONS below PHSD946790 PHSD946790 PHSD946790 S28/2014 S28/2015 EECHPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Cubiak Development LLC is named as Additional Insured as their interests may appear in regards to general liability, automobile liability and umbrella excessability. General Contractor. EERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 ASSEMBLY S28/2015 EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,0	ł	FIRED ACTOS						(Per accident)	ļ .			
UMBRELLA LIAB COCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE V RETENTION \$ 10,000 MORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPERTOR/PARTABE/EXECUTIVE N N/ A MORKERS EXCLUDED? Mandatory in Ht) If yes, describe under DESCRIPTION OF OPERATIONS below Professional Liability (Errors and Omissione) PHSID946790 DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Cublak Development LLC is named as Additional Insured as their interests may appear in regards to general liability, automobile liability and umbrella excellability. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE ACCORDANCE WITH THE POLICY PROVISIONS. CONTROL OF PROVISIONS. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE		NON-OWNED AUTOS			E ?	SEAL	7			LT.		
EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS 'LABBILITY ANY PROPRIETOR/PARTINEM/EXECUTIVE N N/A ANY PROPRIETOR/PARTINEM/EXECUTIVE N N/A ANY PROPRIETOR/PARTINEM/EXECUTIVE N DESCRIPTION OF OPERATIONS below Professional Liability (Errors and Omissions) PHSD946790 PHSD946790 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (ublak Development LLC is named as Additional Insured as their interests may appear in regards to general liability, automobile liability and umbrella excerability. General Contractor. ERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 AGGREGATE \$ 5,000,000 ** WCSTATU DTH TORY LIMIT S IPR 1,000,000 EL DISEASE - PACHICY LIMIT S 1,000,000 EL DISEASE - PACHI	_			\vdash			/	/_/	\$	(**)	4	
DEDUCTIBLE DEDUCTIBLE STANDING STANDI		<u> </u>	OCCUR		The state of the s	VOIANALIS		EACH OCCURRENCE	\$ 5,000		1	
DEDUCTIBLE V RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORPARTHER/EXECUTIVE N If yes, describe under DESCRIPTION OF OPERATIONS below Professional Liability (Errors and Omissione) PHSD946790 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (Aubiak Development LLC is named as Additional Insured as their interests may appear in regards to general liability, automobile liability and umbrella excessability. General Contractor. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORMS THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED AUCCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	,	EXCESS LIAB	CLAIMS-MADE	Yes	46SBMBD3574	5/28/2014	5/28/2015	AGGREGATE	\$ 5,000		1	
WORKERS COMPENSATION AND EMPLOYERS' LABILITY ANY PROPRIETOR PARTNER EXECUTIVE NOTHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) EXERCISED SECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) EXERCISED SECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) EXERCISED SECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) EXERCISED SECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) EXERCISED SECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (Lublak Development LLC is named as Additional Insured as their interests may appear in regards to general liability, automobile liability and umbrella excessability. General Contractor. EXERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 AUTHORIZED REPRESENTATIVE		DEDUCTIBLE					/		\$	L.T.	E SEC	
AND EMPLOYERS' LIABILITY ANY PROPREIOTRAPARTINGREXECUTIVE N ANY PROPREIOTRAPARTINGREXECUTIVE N ANY PROPREIOTRAPARTINGREXECUTIVE N If yes, describe under DESCRIPTION OF OPERATIONS below Professional Liability (Errors and Omissione) PHSD946790 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (Aubiak Development LLC is named as Additional Insured as their interests may appear in regards to general liability, automobile liability and umbrella excessability. General Contractor. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED AUCTORANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE		KEIEMION & 10,000	·	\vdash					\$	7	9/4000 gallyg	
ANY PROPRIETOR PARTINER/EXECUTIVE N N/A 46WECGH2979 5/28/2014 5/28/2015 EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 / \$ 1,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - POLICY LIMIT EL DISEASE -			v /n					V WC STATU- OTH- TORY LIMITS ER			(Arang Septemb	
Mandatory in NH2 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		ANY PROPRIETOR/PARTNER/EX	ECHTIVE COM	N/A	46WECGH2979	5080014	5/28/2015	E.L. EACH ACCIDENT	\$ 1,000,	,000	THE SAME	
Professional Liability (Errors and Omissions) PHSD946790 528/2014 528/2015 Cocurrence / Aggregate \$1,000,000 / \$1,000 ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (Jubiak Development LLC is named as Additional Insured as their interests may appear in regards to general liability, automobile liability and umbrella excertability. General Contractor. ERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 PHSD946790 528/2014 528/2015 Cocurrence / Aggregate \$1,000,000 / \$1,000 Seneral Contractor. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	1	(Mandatory in NH)	لسا			0/20/2014	VIEDIED IS	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,	,000	-	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) (ublak Development LLC is named as Additional Insured as their interests may appear in regards to general liability, automobile liability and umbrella excerability. General Contractor. ERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE		IT yes, describe under DESCRIPTION OF OPERATIONS	below					E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000		
CERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 Cancel Lation Should any of the above described policies be cancelled before the Expiration Date thereof, Notice will be delivered accordance with the policy provisions. Authorized representative	,	Professional Liability (Errors and C	Omissions)		PHSD946790	5/28/2014	5/28/2015	Occurrence / Aggragate	\$1,000,0	000 /\$1,000,000		
CERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 Cultivated as their interests may appear in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability, automobile liability and umbrella excertable in regards to general liability and umbrella excertable in regards to genera											_	
ERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 CANCELLATION CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	ESC	RIPTION OF OPERATIONS / LOC.	ATIONS / VEHIC	LES (Attac	h ACORD 101, Additional Remarks	Schedule, if more space is	required)				1	
ERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 CANCELLATION CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	ubi	ak Development LLC is na	med as Add	itional Ins	sured as their interests may a	appear in regards to	general liabil	ity, automobile liability an	d umbre	ella excess	1	
Lake County Plan Commission 2293 N. Main St. Crown Point iN 46307 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE	abil	ity. General Contractor.					-					
Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE											1	
Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE												
Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE											1	
Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE		TIFICATE NOI DED			· . · · ·	CANCELL ATION					<u>]</u>	
Lake County Plan Commission THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS. Crown Point IN 46307 AUTHORIZED REPRESENTATIVE	CK	INCATE HOLDER									7	
2293 N. Main St. Crown Point IN 46307 AUTHORIZED REPRESENTATIVE		Lake County Plan	'n		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOE NOTICE WILL BE DELIVEDED IN							
Crown Point IN 46307 AUTHORIZED REPRESENTATIVE	Lake County Plan Commission 2293 N. Main St. Crown Pint IN 46307 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
			6307		ļ	·		·			1	
						THOMELD REFRESE		QIV			1	
Jul Kyr					ļ			In which				

ACORD 25 (2009/09)

© 1988-2009 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD