



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/21/2014

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).

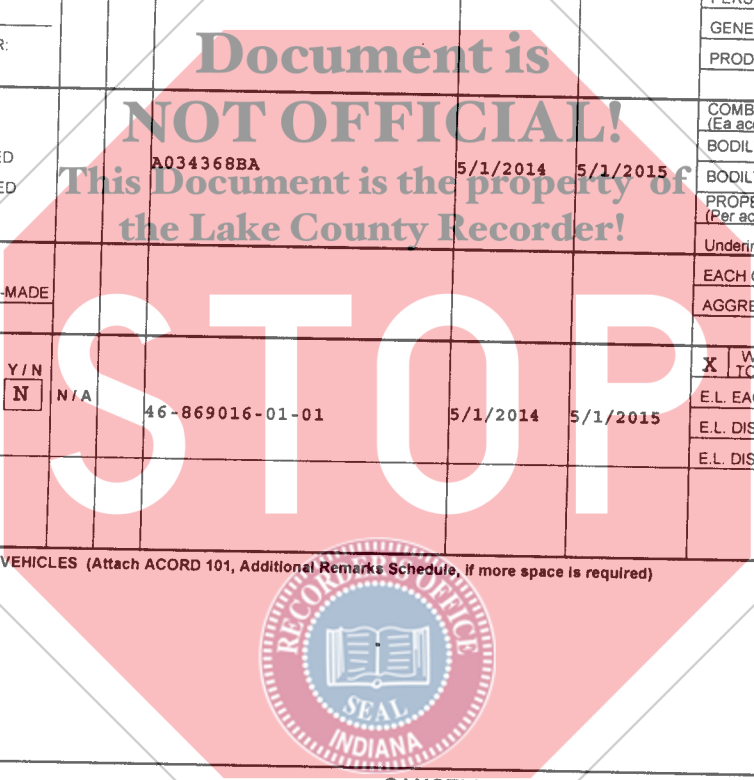
<b>PRODUCER</b> Hicks Insurance Group 19144 S-88th Ave Mokena IL 60448		<b>CONTACT NAME:</b> Patricia Grabowski <b>PHONE (A/C No. Ext):</b> (708) 532-7474 <b>E-MAIL ADDRESS:</b> patricia@hicksinsurance.com <b>FAX (A/C No.):</b> (708) 532-7677	
<b>INSURED</b> Home Roofing Inc. 3104 Holman Ave Steger IL 60475		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Iowa Mutual Insurance Company	<b>NAIC #</b> 14338
		<b>INSURER B:</b> Continental Indemnity Co	<b>NAIC #</b> 28258
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

2014-07-18-23

**COVERAGES**      **CERTIFICATE NUMBER:** CL1441703853      **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.

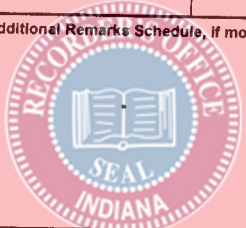
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<b>GENERAL LIABILITY</b>			A034368	5/1/2014	5/1/2015	EACH OCCURRENCE 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) 5,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY 1,000,000			
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE 2,000,000			
A	<b>AUTOMOBILE LIABILITY</b>			A034368BA	5/1/2014	5/1/2015	COMBINED SINGLE LIMIT (Ea accident) 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$			
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$			
							PROPERTY DAMAGE (Per accident) \$			
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/>	<input type="checkbox"/> OCCUR				Underinsured motorist \$			
	<b>EXCESS LIAB</b>	<input type="checkbox"/>	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$			
	DED		RETENTION \$				AGGREGATE \$			
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			46-869016-01-01	5/1/2014	5/1/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						Y/N			E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						N/A			E.L. DISEASE - EA EMPLOYEE \$ 500,000
										E.L. DISEASE - POLICY LIMIT \$ 500,000



DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Roofing

\$12  
CS  
CA  
NOW CONF



<b>CERTIFICATE HOLDER</b> (219) 755-3712 Lake County Plan Commission Attn: Mary Beth 2293 N. Main Street Crown Point, IN 46307	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> Michael Cardilli/PG
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