

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/08/2014

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).

PRO	DUCER	t Lump Insurance Agency Inc 112 Mill Street						CONTACT NAME: PHONE (A/C, No, Ext): (A/C, No):						
		PO Box 155					E-MAIL ADDRESS:							
Lowell, IN 46356							INSURER(S) AFFORDING COVERAGE NAIC #							
							INSURER A: INDIANA FARMERS MUTUAL INS CO						22624	
INSURED Huseman & Son Excavating LLC							INSURER B: CNA Surety							
362 Gwens Cove							INSURER C:							
Lowell, IN 46356							INSURER D:							
\mathcal{I}							INSURER E :							
							INSURER F:							
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:							
								VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
11	IDICAT	ED. NOTWITHSTAI	NDING ANY RE	QUIRE	MENT,	TERM OR CONDITION OF	F ANY (CONTRACT OF	ROTHER DOO	UMENT V	VITH RESPECT	TO WH	ICH THIS	
						INSURANCE AFFORDED				EREIN IS	SUBJECT TO	ALL THE	E TERMS,	
INSR LTR				ADDL	ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
LTR A		TYPE OF INSURA	ANCE	INSR	WVD	POLICY NUMBER CPP1004368		12/10/2014	12/10/2015			1	1 000 000	
^						CFF1004300		12/10/2014	12/10/2013		CURRENCE TO RENTED	\$	1,000,000	
	V	OMMERCIAL GENERAL									O RENTED (Ea occurrence)	\$	100,000	
		CLAIMS-MADE	OCCUR								(Any one person)	\$	5,000	
	<u> </u>									PERSONA	L & ADV INJURY	\$	1,000,000	
	⊢					Desarra		4:		GENERAL	AGGREGATE	\$	2,000,000	
	GEN'L	AGGREGATE LIMIT APP	PLIES PER:			Docun	le1	IT 1S		PRODUCT	S - COMP/OP AGG	\$	2,000,000	
	+	OLICY PRO- JECT	LOC		/					001451115	2011015111	\$		
Α	AUTO	MOBILE LIABILITY				CAP1004112		12/10/2014	12/1 0/2015	(Ea accide	O SINGLE LIMIT	\$	1,000,000	
		NY AUTO	COLIEDANIED							BODILY IN	JURY (Per person)	\$		
		UTOS	SCHEDULED AUTOS	T	his i	Document is	s the	prope	rty of		JURY (Per accident	\$		
	✓ н		NON-OWNED AUTOS		- 1	e Lake Cour		1 -		PROPERT (Per accide	Y DAMAGE ent)	\$		
					UII	le Lake Cour	ity i	Kecoru	er:	· ·	ഥ	\$		
	U	MBRELLA LIAB	OCCUR							EACH OC	CURRENCE C	\$		
	E	XCESS LIAB	CLAIMS-MADE							AGGREGA	TE G	\$		
	D	ED RETENTION	N \$								000	\$		
Α		ERS COMPENSATION				WCP1002652		12/10/2014	12/10/2015	V WC	TATU- OTH	l-		
	ANY PR	MPLOYERS' LIABILITY ROPRIETOR/PARTNER/E	EXECUTIVE Y/N								ACCIDENT	s	100,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			J N/A							SE - EA EMPLOYE	S	500,000	
	If yes, o	describe under RIPTION OF OPERATION	NS below								SE - POLICY LIMIT	\$	100,000	
В		County Bond			4	1439402		01-01-2015	01-01-2016	5000				
)		
						THE STREET	IIII				**************************************	. 7	turit.	
DES	CRIPTIO	N OF OPERATIONS / LO	CATIONS VEHICL	ES (Atta	ich ACOF	RD 101, Additional Remarks Sch	edule, if r	nore space is requ	uired)		70 6	7 171		
Sew	er/Sep	tic				E.O.L.	1				in c	2	CONT.	
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<u>CE</u>	DTICIO	ATE HOLDED		•		-	CANIC	OFLI ATION			-1.			
CE	RIIFIU	Fax #: (219) 75	55 2712				CANC	CELLATION				<u>س</u>		
		1 an #. (218) /3	JU-J1 12				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
		Lake County P	lan Commissio	n										
2293 N Main St Crown Point, IN 46307							ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE							
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								Ulla	unes	XK.	10		~\n' \c	
										ORD CO	PORATION.	All rig	hts reserved.	
AC	ORD 2	5 (2010/05)		Th	e ACC	ORD name and logo are	e regis	tered marks	of ACORD	(•		۲. ک	
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