



# CERTIFICATE OF LIABILITY INSURANCE

HAMAN-1

OP ID: SJ

DATE (MM/DD/YYYY)

12/11/2014

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><br>HomeStar Insurance Manteno<br>303 Section Line Drive<br>Manteno, IL 60950<br>Brian Stauffenberg | <b>CONTACT NAME:</b> Brian Stauffenberg<br><b>PHONE (A/C, No, Ext):</b> 815-468-2776<br><b>E-MAIL ADDRESS:</b> brians@homestarins.com | <b>FAX (A/C, No):</b> 815-468-2371 |               |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                                    | <b>NAIC #</b> |
| <b>INSURED</b><br>Hamann Wagner Excavation, Inc<br>Zach Wagner<br>6716 S 5000 W Rd<br>Chebanse, IL 60922           | <b>INSURER A:</b> Allied Insurance  |                                    | <b>19100</b>  |
|  | <b>INSURER B:</b>   |                                    |               |
|  | <b>INSURER C:</b>   |                                    |               |
|  | <b>INSURER D:</b>   |                                    |               |
|  | <b>INSURER E:</b>   |                                    |               |
|  | <b>INSURER F:</b>   |                                    |               |

**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 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        | <input checked="" type="checkbox"/> GENERAL LIABILITY   |   |   | ACP3006598619 | 09/15/2014              | 09/15/2015              | EACH OCCURRENCE   | \$ 1,000,000                   |              |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |   |   |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)               | \$ 100,000                     |              |
|          | <input checked="" type="checkbox"/> CLAIMS-MADE   | <input checked="" type="checkbox"/> OCCUR   |   |               |                         |                         |   | MED EXP (Any one person)       | \$ 5,000     |
|          | <input checked="" type="checkbox"/> Contractual Liab  |   |   |               |                         |                         |   | PERSONAL & ADV INJURY          | \$ 1,000,000 |
| A        | <input checked="" type="checkbox"/> Explosion Collaps   |   |   | ACP3006598619 | 09/15/2014              | 09/15/2015              | GENERAL AGGREGATE                                       | \$ 2,000,000                   |              |
| A        | <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY                                   | <input checked="" type="checkbox"/> SUBJECT | <input type="checkbox"/> LOC              |               |                         |                         | PRODUCTS - COMP/OP AGG                                  | \$ 2,000,000                   |              |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  |   |   | ACP3006598619 | 09/15/2014              | 09/15/2015              | 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"/>         |   |               |                         |                         |   | BODILY INJURY (Per accident)   | \$           |
|          |   |   |   |               |                         |                         |   | PROPERTY DAMAGE (PER ACCIDENT) | \$           |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB   | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/> OCCUR | CUM3006598619 | 09/15/2014              | 09/15/2015              | EACH OCCURRENCE   | \$ 5,000,000                   |              |
|          | <input checked="" type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/>                    | <input type="checkbox"/> CLAIMS-MADE      |               |                         |                         |   | AGGREGATE                      | \$ 5,000,000 |
|          | <input checked="" type="checkbox"/> DED   | <input checked="" type="checkbox"/>         | <input type="checkbox"/> RETENTION \$     |               |                         |                         | 10000   |                                | \$           |
| A        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY                                |   |   | WCP3006598619 | 09/15/2014              | 09/15/2015              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTHER                          |              |
|          | <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y                  | <input checked="" type="checkbox"/> N     |               |                         |                         | N/A   | E.L. EACH ACCIDENT             | \$ 1,000,000 |
|          | <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below                                 |   |   |               |                         |                         |   | E.L. DISEASE - EA EMPLOYEE     | \$ 1,000,000 |
|          |   |   |   |               |                         |                         |   | E.L. DISEASE - POLICY LIMIT    | \$ 1,000,000 |
| A        | <input checked="" type="checkbox"/> Contractors Rented  |   |   | ACP3006599819 | 09/15/2014              | 09/15/2015              | Phys Dam  | 250,000                        |              |
| A        | <input checked="" type="checkbox"/> Blanket Equipment   |   |   | ACP3006598619 | 09/15/2014              | 09/15/2015              | Blanket   | 250,000                        |              |

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

EXCAVATION

NON-COM  
M-E  
\$12.00  
CASH

**CERTIFICATE HOLDER****CANCELLATION**

LAKECOU

Lake County Planning  
Commission  
2293 N Main St.  
Crown Point, 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.

AUTHORIZED REPRESENTATIVE

*Brian Stauffenberg*  
Brian Stauffenberg

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