ACORD

CERTIFICATE OF LIABILITY INSURANCE

12/15/2014

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(les) 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).

PRODUCER ,	NAME: PHONE (A/C, No, Ext): (708) 474-1310 (A/C, No): (708) 474-4173 E-MAIL ADDRESS:					
Walter W. Schultz Agency, Inc.						
18119 Torrence Avenue						
Lansing, IL 60438	INSURER(S) AFFORDING COVERAGE NAIC #					
·	INSURERA: First Mercury Insurance Company					
SURED Lange Roofing, LLC	INSURER B: Liberty Mutual Insurance Corp.					
11003 Thiel Street	INSURER C:					
Suite C	INSURER D ;					
St. John, IN 46373 \	INSURER E:					
	INSURER F :					
COVEDACED CERTIFICATE NI IMP	P: 14-15 Cents IN/WC REVISION NIMBER					

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.

Ī	TIR.	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	15
۲		GENERAL LIABILITY			ILCGL0000017131-03	09/14/2014	09/14/2015	EACH OCCURRENCE	s 1,000,000
l		X COMMERCIAL GENERAL LIABILITY						PREMISES (En occurrence)	\$ 50,000
l		CLAIMS-MADE X OCCUR					}	MED EXP (Any one person)	s Excluded
ı	A ·							PERSONAL & ADV MUUR	s 1,000,000
l					Doortee	14 10		GENERAL AGGREGATE	s = 2,000,000
1		GEN'L AGGREGATE LIMIT APPLIES PER:			Documen	1t 15		PRODUCTS - COMP/OP AGG	s 2,000,000
		POLICY X PRO-		/:	TOT OFFI	OTA		200	3 200
Γ		AUTOMOBILE LIABILITY		1	NOT OFFI	CIA		COMBINED SINGLE LIMIT C	group state (100)
		ANY AUTO	7	hi	s Document is the	nrone	rty of	BODILY INJURY (Per person)	3 3
1		ALL OWNED SCHEDULED AUTOS					~	BODILY INJURY (Par accident)	- sqn ²
		HIRED AUTOS NON-OWNED AUTOS		1	he Lake County	Kecord	er!	PRUPERTY DAMAGE (Per accident)	\$
L				<u> </u>					3
I		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
l		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
L		DED RETENTIONS						TATH TOTH	5
ı		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC534S529931-034	10/09/2014	10/09/2015	X WC STATU- TORY LIMITS ER	
	B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	s 500,000
		(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	
L		DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
									おい
					THE DER'S	is.			PIO
1	DESC	BIPTION OF OPERATIONS / I DOATIONS / VENU	1 F9	(Attacl	ACORD 101 Additional Remarks Schade	la lémore ecec	e is required)	/	15
1	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedulg, If more space is required)								
R	Roofing Contractor								

CERTIFICATE HOLDER	CANCELLATION			
FAX: 219.755.3712	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Lake County Planning Commission 2293 N Main St Crown Point, IN 46307	AUTHORIZED REPRESENTATIVE ALEXAND Solutz Carrage			
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ACORD 25 (2010/05)

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