

PRODUCER **Howe Insurance Services**  
 13124 Wicker Ave  
 Cedar Lake, IN 46303  
 219-390-7370 219-809-6565 fax

INSURED **Americas SDS Construction**  
 8884 Louisiana St.  
 Merrillville, IN 46410  
 (219) 775-8943 (866) 224-9737 fax

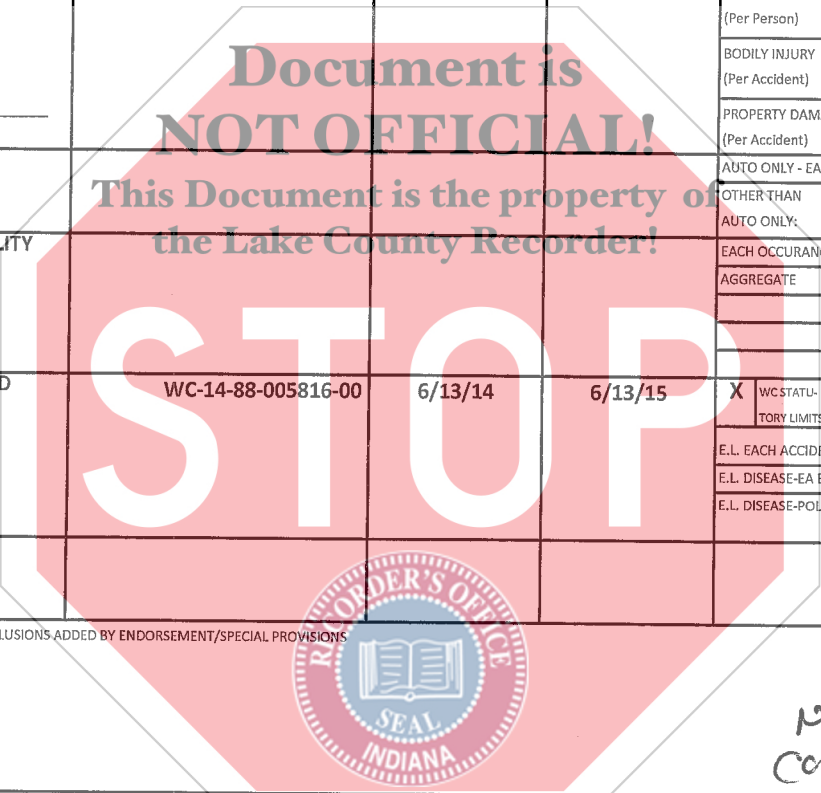
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	<b>Berkley Assurance Company</b>	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:	<b>Riverport Insurance Co.</b>	

**COVERAGES**

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. AGGREGATE LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A		<b>GENERAL LIABILITY</b>	VUMC0062570	6/13/14	6/13/15	EACH OCCURANCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES \$ 100,000 MED EXP (ANY ONE PERSON) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000
B		<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea Accident)
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Accident)
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per Accident)
C		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC AGG
D		<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURANCE
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE
E		<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>	WC-14-88-005816-00	6/13/14	6/13/15	<input checked="" type="checkbox"/> WC STATUS-TORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT 100,000
						E.L. DISEASE-EA EMPLOYEE 100,000 E.L. DISEASE-POLICY LIMIT 500,000
F		<b>OTHER</b>				



2014 079766  
 FILED FOR RECORDING  
 MICHAEL B. BROWN  
 RECORDER  
 NOV 15 2:57 PM '14  
 \$12  
 CA



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**General Contractor**

**CERTIFICATE HOLDER**  
 Lake county Plan Commision  
 2293 N. Main St  
 Crown Point, IN 46307  
 219-391-8294 219-391-7013

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *[Signature]*