



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/16/2014

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> Meyers Glaros Group PO Box 717  Schererville IN 46375-0717		<b>CONTACT NAME:</b> Jan Pappas <b>PHONE (A/C No. Ext):</b> (219) 865-6447 <b>FAX (A/C No.):</b> (219) 865-6443 <b>E-MAIL ADDRESS:</b> jan.pappas@meyersglaros.com															
<b>INSURED</b> Decor Ironworks, Inc. & Russ Construction, LLC 1418 Austin Avenue  Schererville IN 46375		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Indiana Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Peerless</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Indiana Insurance Company		INSURER B: Peerless		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**      **CERTIFICATE NUMBER:** 2015/2016      **REVISION NUMBER:** 2

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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<b>GENERAL LIABILITY</b>				CCP8398558	1/1/2015	1/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY										\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR										\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:										
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							\$ 1,000,000			
								\$ 2,000,000			
								\$ 2,000,000			
								\$			
B	<b>AUTOMOBILE LIABILITY</b>				BA8398658	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
	<input checked="" type="checkbox"/> ANY AUTO										\$
	<input type="checkbox"/> ALL OWNED AUTOS										\$
	<input checked="" type="checkbox"/> HIRED AUTOS										\$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS							\$			
								\$			
								\$			
								\$			
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>				C08399058	1/1/2015	1/1/2016	Medical payments	\$ 5,000		
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>										\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$ 2,000,000			
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$			0							
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC8816653	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	\$ 500,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N									\$ 500,000
	<input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A								\$ 500,000
											\$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Fabrication & Installation of Miscellaneous Iron

**CERTIFICATE HOLDER**      **CANCELLATION**

Lake County Planning Commission 2293 North Main Street Crown Point, IN 46307  12- num w 5421 R	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  Larry Meyers/JP <i>Jan D. Meyers</i>
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