Client#: 22786

BURNS3

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/18/2014

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).

PRODUCER	CONTACT Kyle Hoffman PHONE (A/C, No, Ext): 318 581 3220 E-MAIL ADDRESS: kyle.hoffman@regions.com INSURER(S) AFFORDING COVERAGE NAIC #				
Regions Insurance Inc - Carmel 630 3rd Ave S.W. #200 Carmel, IN 46032 800 842-7002					
INSURED	INSURER A: Selective Insurance Company (**) INSURER B: Travelers Property & Casualty (**)	19259			
Burns Construction, Inc.	INSURER C:				
6676 S. Old US 31	INSURER D:	1			
Macy, IN 46951	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				

INSURER F:										
-	The state of the s		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.										
INS		ADDL SUBF			POLICY EXP (MM/DD/YYYY)	T S LIMIT	<u> </u>			
A		INSK WVD	S197219503			EACH OCCURRENCE	\$ 1,000,000			
^	X COMMERCIAL GENERAL LIABILITY		3197219303	11/01/2014	11/01/2015	Z/1017 OQOGITALITOL				
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	Thy			
		-		4 .		PERSONAL & ADVANJURY	+6			
			Documen	IT 1S			§3,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:	_		h- , -		PRODUCTS - COMPOP AGG	at			
<u> </u>	POLICY PRO- JECT LOC	1./	NOYMOINM			ON O	\$			
A	AUTOMOBILE LIABILITY		S197219503		11/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
ľ	X ANY AUTO ALL OWNED SCHEDULED	This	Document is the	proper	rty of	BODILY NURY (Rer person)	\$			
	AUTOS AUTOS	1 +1	he Lake County F	ecorde	101	BODILY INJURY (Per accident)	\$			
	X HIRED AUTOS X NON-OWNED AUTOS		le Lake Country 1	eccor ac	•	PROPERTY DAMAGE (Per accident)	\$			
<u>_</u>							\$			
A	X UMBRELLA LIAB X OCCUR		S197219503	11/01/2014	11/01/2015	EACH OCCURRENCE	\$1,000,000			
	EXCESS LIAB CLAIMS-MAD					AGGREGATE	\$1,000,000			
	DED X RETENTION \$0						\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		6JUB-8087991-6-14	01/01/2014	01/01/2015	X WC STATU- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$500.000			
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$500,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$500,000			
Α	Builders Risk		S197219503	11/01/14	11/01/15	\$800,000				
			TUNDER'S							
L			£60;	E						
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									
Scope of Work: General Contractor \\2										
Ao ac										
CS Indian										
I'Me										
CE	CERTIFICATE HOLDER CANCELLATION									
	Lake County Building Commission SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						NCELLED BEFORE			

2293 North Main Street
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

Samplarin

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