



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/26/2014

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).

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| PRODUCER Crowel Agency, Inc. 8244 Kennedy Avenue Highland IN 46322 | CONTACT NAME: Christine N. Grigson |
| | PHONE (A/C No. Ext): (219) 923-2131 FAX (A/C No.): (219) 972-5209 E-MAIL ADDRESS: cng@crowelinsurance.com |
| INSURED BRY Construction Inc. dba BRY Real Estate & Development LLC, Price Pointe Builders LLC P.O. Box 1343 Crown Point IN 46308 | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Society Insurance Company |
| | INSURER B: Technology Insurance Co. |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |

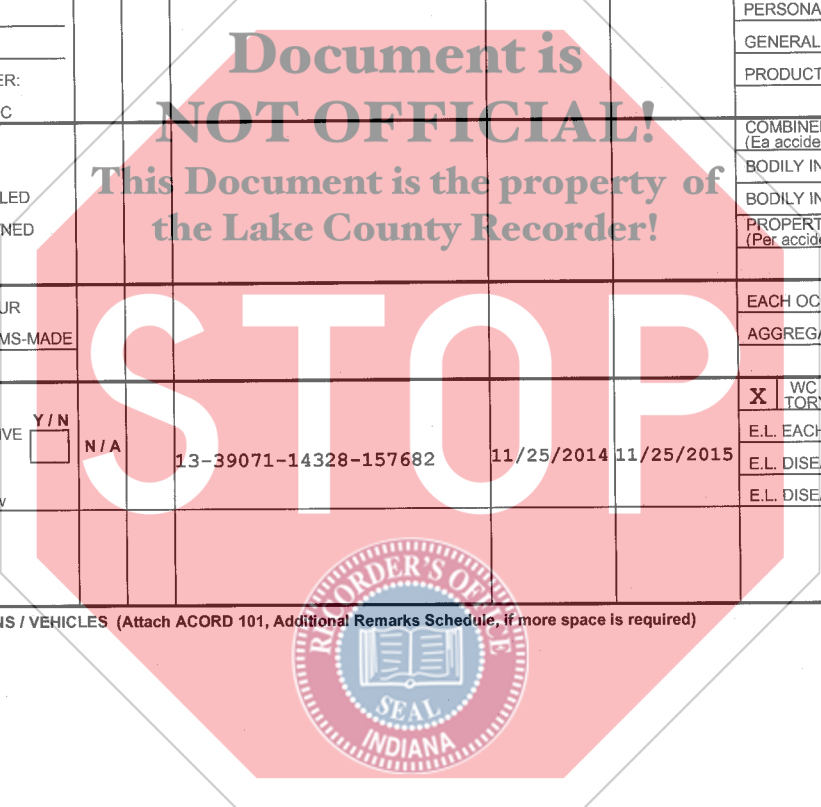
COVERAGES CERTIFICATE NUMBER: 2014-2015 REVISION NUMBER:

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 | GENERAL LIABILITY | | | CBP 533876 | 2/9/2014 | 2/9/2015 | EACH OCCURRENCE \$1,000,000 | | | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 | | | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$5,000 | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY \$1,000,000 | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$2,000,000 | | | |
| | AUTOMOBILE LIABILITY | | | | | | PRODUCTS - COMP/OP AGG \$2,000,000 | | | |
| | ANY AUTO ALL OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | | | |
| | HIRED AUTOS | | | | | | BODILY INJURY (Per person) \$ | | | |
| | UMBRELLA LIAB | | | | | | BODILY INJURY (Per accident) \$ | | | |
| | EXCESS LIAB | | | | | | PROPERTY DAMAGE (Per accident) \$ | | | |
| | DED | | | | | | \$ | | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 13-39071-14328-157682 | 11/25/2014 | 11/25/2015 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | | | E.L. EACH ACCIDENT \$100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | E.L. DISEASE - EA EMPLOYEE \$100,000 |
| | | | | | | | | | | E.L. DISEASE - POLICY LIMIT \$500,000 |

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

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| CERTIFICATE HOLDER (219) 755-3712 Lake County Plan Commission 2293 N. Main Street Crown Point, IN 46307 | CANCELLATION 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 C Grigson/CHRIS <i>Christine N. Grigson</i> |
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