



CERTIFICATE OF LIABILITY INSURANCE

CCIRO-1

OP ID: SK

DATE (MM/DD/YYYY)

09/24/2014

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
Jackson Agency Inc (J) DBA
Jackson-McCormick Insurance
210 E Main St PO Box 523
Lebanon, IN 46052
Steven E Jackson, CIC, ARM

CONTACT NAME: Steven E Jackson, CIC, ARM
PHONE (A/C, No, Ext): 765-482-3730
E-MAIL ADDRESS: steve@jacksonmccormick.com

FAX (A/C) No: 765-482-5367

INSURER(S) AFFORDING COVERAGE

INSURER A: Westfield Insurance

INSURER B: Association Insurance Company

INSURER C:

INSURER D:

INSURER E:

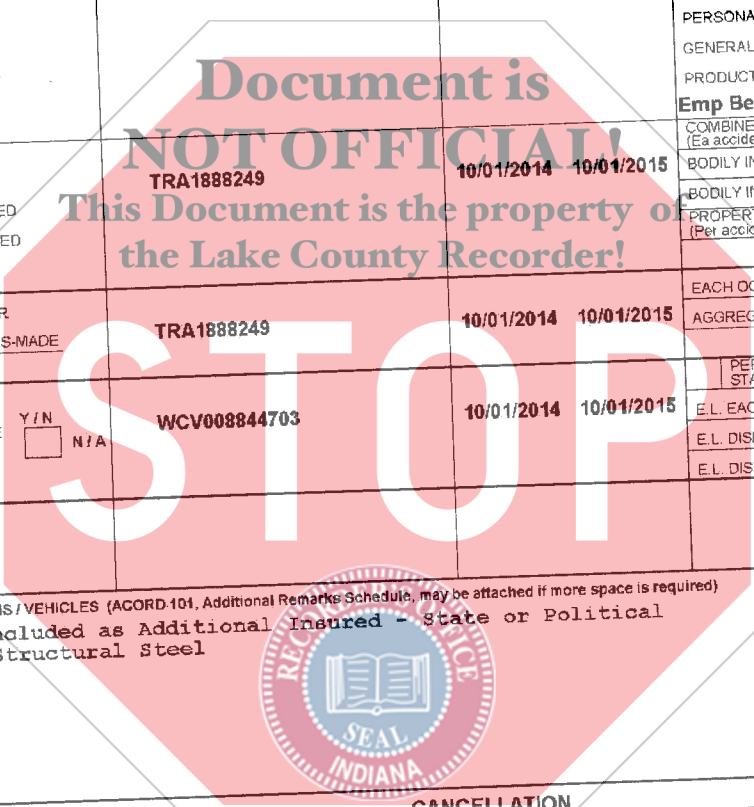
INSURER F:

NAIC #
24112

INSURED
C & C Iron, Inc.
Attn: Cathe Grennes
6409 Hendricks Street
Merrillville, IN 46410-2899

2014
081806

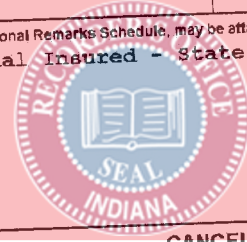
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	COVERAGE	AMOUNT
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	X	TRA1888249	10/01/2014	10/01/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL AND ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Emp Ben. COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000 \$ 500,000 \$ 5,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$ 1,000,000 \$ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS	TRA1888249	10/01/2014	10/01/2015	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$
A	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE	TRA1888249	10/01/2014	10/01/2015	EACH OCCURRENCE AGGREGATE	\$ 5,000,000 \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WCV008844703	10/01/2014	10/01/2015	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000



FILED FOR RECORD
 STATE OF INDIANA
 LAKE COUNTY
 REC'D
 DEC 23 PM 3:29
 2014

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as Additional Insured - State or Political
Subdivision - Permits: Structural Steel

12
10/12
CS
AD



CERTIFICATE HOLDER LAKE012 Lake County Plan Commission Planning & Bldg Department 2293 North 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

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