



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/29/2014

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> Masterson Alliance LLC 330 W US Hwy 30-STE B Valparaiso, IN 46385	<b>CONTACT NAME:</b> Betty Ellis <b>PHONE (A/C, No, Ext):</b> (219) 462-2166 <b>FAX (A/C, No):</b> (219) 531-0668 <b>E-MAIL ADDRESS:</b> bellis@mastersonalliance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> ↓ Casteel Homes LLC 195 Pheasant Hills Valparaiso, IN 46385	<b>INSURER A:</b> Grange Mutual <b>INSURER B:</b> NCCI Assigned Risk <b>INSURER C:</b> RLI SURETY INS CO. <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 14060

**COVERAGES**                      **CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			CT 2997408	04/20/2014	04/20/2015	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000	
	OTHER:						GENERAL AGGREGATE \$ 2,000,000	
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS-COMP/OP AGG \$ 2,000,000	
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$	
	ALL OWNED AUTOS						BODILY INJURY (Per person) \$	
	HIRED AUTOS						BODILY INJURY (Per accident) \$	
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$	
	EXCESS LIAB						EACH OCCURRENCE \$	
	DED						AGGREGATE \$	
	RETENTION \$						\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WC-13-88-006217-02	04/20/2014	04/20/2015	PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A				E.L. EACH ACCIDENT \$ 100,000	
							E.L. DISEASE - EA EMPLOYEE \$ 100,000	
							E.L. DISEASE - POLICY LIMIT \$ 500,000	
C	Surety Bond			LSM0190197	04/21/2014	04/21/2015	Porter County 5,000	
C	Surety Bond			LSM0281969	03/22/2014	03/22/2015	Lake County 5,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Contractor

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<b>CERTIFICATE HOLDER</b>  Lake County Plan Commission 2293 N Main Street Crown Point, IN 46307	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Betty Ellis