



CERTIFICATE OF LIABILITY INSURANCE

DUTKO-1 OP ID: RH

DATE (MM/DD/YYYY)
12/08/2014

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.

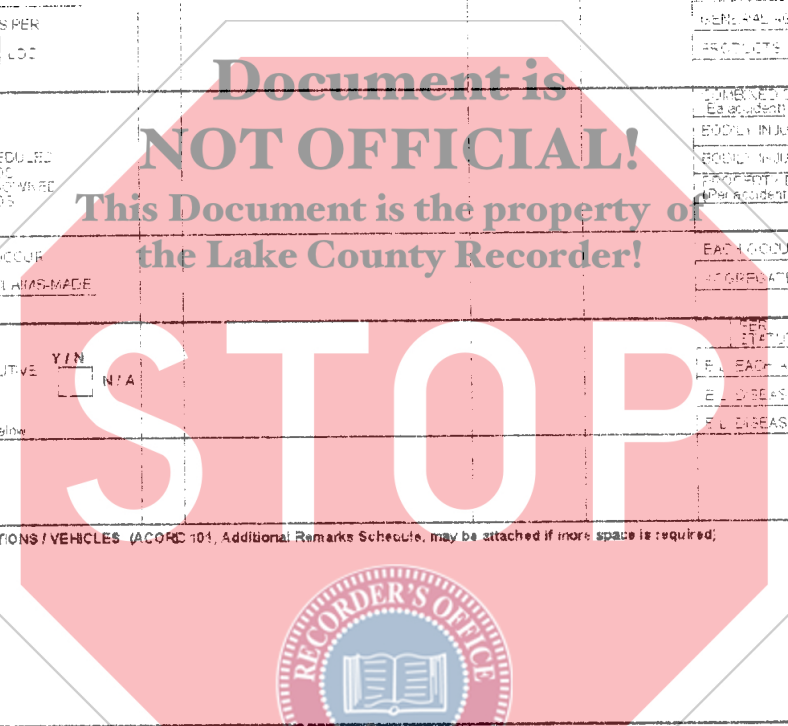
IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not constitute a waiver of rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|---|--------------|
| PRODUCER Rothschild Agency, Inc 8979 Broadway Merrillville, IN 46410 Adam Rothschild, CIC - TE | CONTACT NAME: Adam Rothschild, CIC | 11 083127 |
| | PHONE (A/C, No. Ex): 219-769-6616 FAX (A/C, No.): EMAIL ADDRESS: adam@rothschildagency.com | |
| INSURED Dutko Construction, Inc 14590 Magoun St. Cedar Lake, IN 46303 | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: West Bend Mutual NAIC #: 15350 | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|----------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRC <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | CPE 1495656 03 | 11/13/2014 | 11/13/2015 | SO. HOOD CURRENTCE \$ 1,000,000 BODILY INJURY (Per accidnt) \$ 200,000 MED EXP (All zones except) \$ 10,000 PERSONAL & AD & M \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS (COMB) (E) \$ 2,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SO-REGULATED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-REGULATED AUTOS | | | | | BODILY INJURY (Per accidnt) \$ BODILY INJURY (Per accidnt) \$ PROPERTY DAMAGE (Per accidnt) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED (Mandatory in NH) Description of Operations below | Y/N N/A | | | | PER STATUTE \$ PER EACH ACCIDENT \$ PER DISEASE (EA EMPL WEEK) \$ PER DISEASE (POLICY LIMIT) \$ |



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

14
AD
MLC
CS

| | |
|---|---|
| CERTIFICATE HOLDER LAKE CO PLAN COMMISSION 2293 NORTH MAIN ST CROWN POINT, IN 46307 | CANCELLATION LAC9003 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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OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

PHONE (219) 755-3730
FAX (219) 755-3257

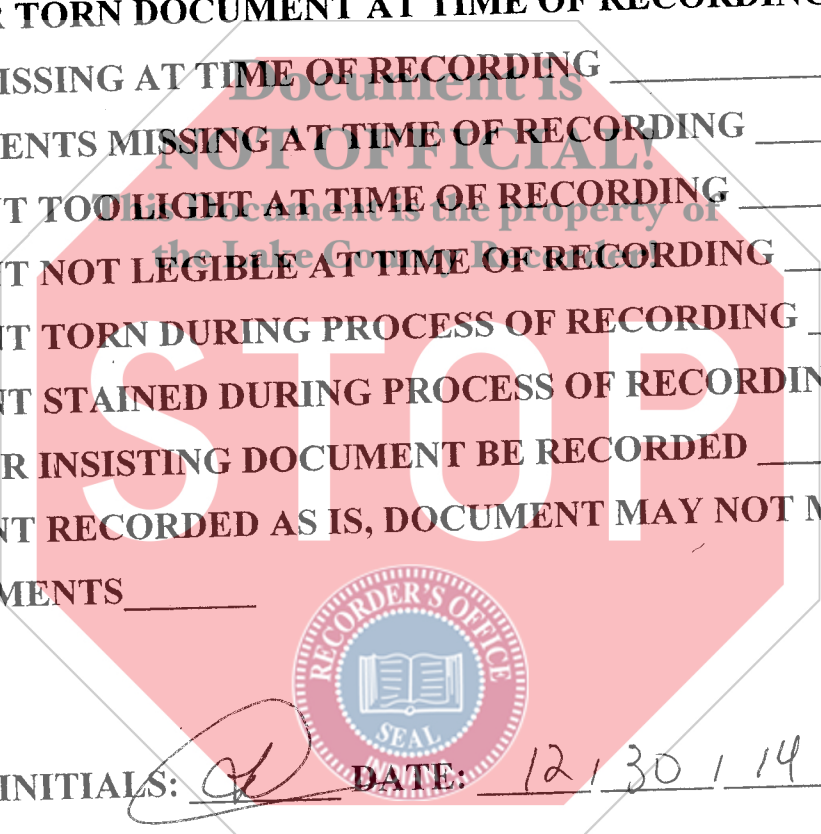
MICHAEL B. BROWN
Recorder

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
14 DEC 30 AM 8:35
MICHAEL B. BROWN
RECORDER

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CUSTOMER INITIALS: [Signature] DATE: 12/30/14

EMPLOYEE INITIALS: AO DATE: 12/30/14