

CERTIFICATE OF LIABILITY INSURANCE

OP ID: JS

DATE (MM/DD/YYYY) 10/06/2014

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 Pinnacle Insurance Group P.O. Box 907 Crown Point, IN 46308-0907 Pinnacle Insurance Group							CONTACT Pinnacle Insurance Group PHONE (A/C, No, Ext): 219-663-2483 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURE	RA: Liberty			<u>N</u>	22659	
INSURED Kemper Painting David J. Kemper DBA 761 Chester Dr Hebron, IN 46341						INSURER B :						
						INSURER C:						
						INSURER D :				-		
						INSURER E :				$\overline{}$		
										8		
$\overline{}$	VED	AGES CEP	TIFICATE NUMBER:			REVISION NUMBER: C						
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	l	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			CCP8098008		11/22/2014	11/22/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$	50,000 5,000	
										,	1,000,000	
		J							PERSONAL & ADV INJURY		2 000 000	
	GEN	POLICY PRO- JECT LOC			Docum	1er	t is		PRODUCTS - COMP/OP AGG		2,000,000	
		OTHER:			Docum		10 10		COLUMN TO CHARLES TO STATE	-	95.7	
	AUT	TOMOBILE LIABILITY	/	1	NOTOF		CTAI		(Ea accident)	.3	379	
		ANY AUTO		_1	101 01	4-1	CIAL	U:	BODILY INJURY (Perperson)	\$	8 3.	
		ALL OWNED SCHEDULED AUTOS	7	his	Document is	the	nrone	rty of	BODILY INJURY (Per accident	D116	Real	
		HIRED AUTOS NON-OWNED AUTOS						•	PROPERTY DAMAGE: (Per accident)	T \$	0-3	
				t	he Lake Coun	ity I	lecord	er!			27	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE:	.\$	Agree -	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	s		
		DED RETENTION \$								S		
		RKERS COMPENSATION							PER OTH- STATUTE ER	 •		
		PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICE/MEMBER EXCLUDED?			N/A						E.L. DISEASE - EA EMPLOYEE \$			
	If yes	s, describe under								\$		
	DES	CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	1 3		
					TITUL	Ш						
DES	CRIPT	TON OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORE			attached if more	space is requir	ed)			
		ing - interior - buildi					CA.	•				
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WOIAN ALLES											20/0	
					\					1	101	
CE	RTIF	ICATE HOLDER			\	ELLATION				·		
LAKCO-1												
LAKE COUNTY PLAN COMMISSION 2293 N Main St							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Crown Point, IN 46307							RIZED REPRESE!	NTATIVE				
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