

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/13/2014

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 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	CONTACT Richard L Smith - Chairman/CEO	
Pinnacle Insurance Group of IN 618 East Third Street	PHONE (A/C, No, Ext): 219-942-1148 FAX (A/C, No): 219-942-8094	
Hobart, IN 46342	E-MAIL ADDRESS:	
Rick Smith, CIC, CSRM,AAI,CWCA	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : Liberty Mutual Insurance	22659
INSURED Straight A Builders, Inc.	INSURER B:	
Trent & Tracy VanderZee		
318 Pratt St	INSURER C:	
Crown Point, IN 46307-3021	INSURER D:	
	INSURER E:	
CONTRA OFO	INSURER F : REVISION NUMBER:	
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY		THE POLICY PERIOD
INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPI	ECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT	O ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE ADDLISUBR	BEEN REDUCED BY PAID CLAIMS.	:
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)	
A X COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE DAMAGE TO RENTED	s 1,000,000
CLAIMS-MADE X OCCUR CBP8296441	06/21/2014 06/21/2015 DAMAGE TO REINTED PREMISES (Ea occurrence)	s 100,000
	MED EXP (Any one person)	\$ 5,000
	PERSONAL & ADV INJURY	s 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE	\$ 2,000,000
DD0 -	nent is	\$ 2,000,000
OTHER:	10 11 G	\$
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMU	s 1,000,000
A X ANY AUTO BA8290238	06/21/2014 06/21/2015 BODILY INJURY (Per person)	\$
SCHEDULED SCHEDULED	BODILY INJURY (Per acciden	n) s
	s the property of PROPERTY DAMAGE (Per accident)	\$
HIRED AUTOS A AUTOS the Lake Cour	nty Recorder!	s
	EACH OCCURRENCE ~	s
	AGGREGATE	
EXCESS LIAB CLAIMS-MADE	AGUREGA	\$n - cr
DED RETENTION\$	V PER	in .
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	X STATUTE CEN	
A NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	06/21/2014 06/21/2015 E.L. EACH ACCIDENTED	
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYE	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY (JIMIT	500,000
		(m) - 11
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Maria 196-1
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu	ale, may be attached if more space is required)	
General Contractor		
		}

CERTIFICATE HOLDER

CANCELLATION LAKCO-7

Lake County Plan Commission 2293 North Main Crown Point, IN 46307

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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