## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/16/2015

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)

certificate holder in lieu of such endorsement(s).	Loourean		
PRODUCER	CONTACT NAME:		
ghthouse Insurance Agency  PHONE (A/C, No, Ext): (219) 365-0066  FAX (A/C, No):			
8213 Wicker Ave.	E-MAIL ADDRESS: burnes@lighthouseagency.biz		
Saint John IN 46373	INSURER(S) AFFORDING COVERAGE NAIC #		
١,	INSURER A: Grain Dealers	N	
INSURED	INSURER B:	<u></u>	
Chartier Construction			
10024 4th St	INSURER C:	ග	
Highland IN 46322	INSURER D:		
nigiliano in 40322	INSURER E :	<del></del>	
ACUEDA A E A CONTROL A TE AU IMPER	INSURER F:	NON MUMBER.	
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 SUBJECTO 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 POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)	LIMITS	
COMMERCIAL GENERAL LIABILITY	EVCH	OCCURRENCE \$10000	000
A claims-made x occur This Document i	s the property of DAMAG	GE TO RENTED SES (Fa occurrence) \$ 10000	00
		XP (Any one person) \$5000	
		ONAL & ADV INJURY \$1000	000
GEN'L AGGREGATE LIMIT APPLIES PER:		RAL AGGREGATE \$20000	000
POLICY PRO- LOC		UCTS - COMP/OP AGG   \$10000	
OTHER:		NEDGINGE LIMIT	
AUTOMOBILE LIABILITY	COMB	NEDISINGLE LIMIT STITT	
ANY AUTO		Y INJURY (Per person) \$	-r <sub>l</sub>
ALL OWNED SCHEDULED AUTOS	BODIL	Y INJURY (Per accident) \$50	en en
HIRED AUTOS NON-OWNED AUTOS		ERTY DAMAGE S	
AUTOS AUTOS	(FELAL	\$ \$2-<	
UMBRELLA LIAB OCCUR	FACH	OCCURRÊNCE OT SC	3>
EXCESS LIAB CLAIMS-MADE	AGGRI	ω l	
DED RETENTION\$	Accord	\$	
WORKERS COMPENSATION	P. P.	ER OTH-	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		ACH ACCIDENT \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	11 3	SEASE - EA EMPLOYEE \$	
If yes, describe under	and all	SEASE - POLICY LIMIT \$	
DÉSCRIPTION OF OPERATIONS below	E.L. DI	BEAGE - FOLIOT LIMIT [ \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sche	dule may be attached if more space is required)		
General Constructor			
General Constructor			
CERTIFICATE HOLDER CANCELLATION			
CENTILIDATE HOLDER			
Lake County Plan Commission SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE			
Planning & Building Dept.  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.			IVERED IN
2293 N Main Street	ACCORDANCE WITH THE POLICY PROVISIONS.		
Crown Point, IN 46307  AUTHORIZED REPRESENTATIVE <bb></bb>			<bb></bb>
Lake County Plan Commission Planning & Building Dept.  2293 N Main Street Crown Point, IN 46307  Planning & Building Dept.  3027  Authorized Representative  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  Summer C.  Burner C.  Barney			j