



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2015

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 endorsements.

PRODUCER Highland Insurance Agency 2704 Lincoln Zst Highland, IN 46322	CONTACT NAME TED OBERG	2015 023508
	PHONE (ACT, EXT, FAX) 219-545-4213	
INSURED Van Drunan Roofing 8834 Forest ave Munster, IN 46321	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Prop. Casualty of America	
	INSURER B:	
	INSURER C:	
	INSURER D:	

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.

INS. LIB.	TYPE OF INSURANCE	POLICY PERIOD (MM/DD, YYYY)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT (K/100,000 PER POLICY) <input type="checkbox"/> PER <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE (DAMAGE TO PERSONS & PROPERTY) MED EXP. (LIMIT PER PERSON) PERSONAL AUTO GENERAL AGENT PRODUCTS/COMPLER
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED/LEASED <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					BODILY INJURY PROPERTY DAMAGE MED EXP. (LIMIT PER PERSON) EACH OCCURRENCE (AGGREGATE)
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYER OR PARTIAL EMPLOYER (Mandatory in IN) 2 yrs. disease with continuation of occupation benefit		6808-2E15150-6-14	03/25/2015	03/25/2016	ALL EMPLOYER ALL EMPLOYEE - EA EMPLOYEE ALL EMPLOYEE - POLICY LIMIT



DESCRIPTION OF OPERATIONS (LOCATIONS/VEHICLES) (REQUIRED FOR Additional Coverages) (Must be provided if any space is required):
This is a Roofing Contractor

CERTIFICATE HOLDER LAKE COUNTY PLANNING COMMISSION Building Dept. 2295 N. Main st. Crown point, IN 46307	CANCELLATION 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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 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR REC'D
 MICHAEL BROWN
 RECORDER
 2015 APR 20 PM 3:27



OFFICE OF THE LAKE COUNTY RECORDER

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

MICHAEL B. BROWN
Recorder

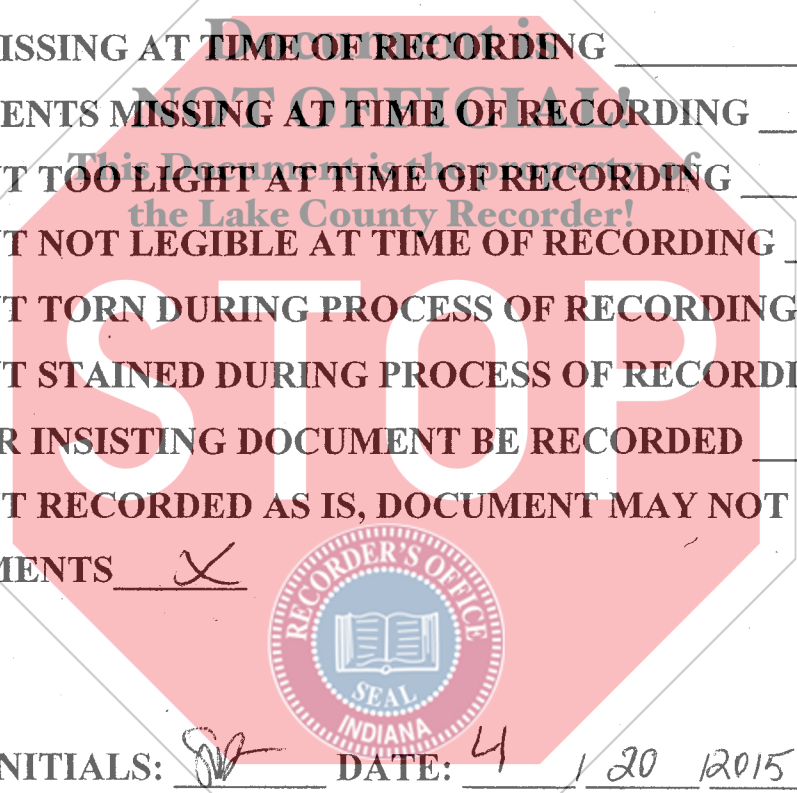


PHONE (219) 755-3730
FAX (219) 755-3257

DISCLAIMER

**This document has been recorded as presented.
It may not meet with State of Indiana Recordation requirements.**

- 1. STAINED DOCUMENT AT TIME OF RECORDING _____
- 2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING _____
- 3. PAGE(S) MISSING AT TIME OF RECORDING _____
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- 5. DOCUMENT TOO LIGHT AT TIME OF RECORDING _____
- 6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING _____
- 7. DOCUMENT TORN DURING PROCESS OF RECORDING _____
- 8. DOCUMENT STAINED DURING PROCESS OF RECORDING _____
- 9. CUSTOMER INSISTING DOCUMENT BE RECORDED _____
- 10. DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE REQUIREMENTS X



CUSTOMER INITIALS: *MB* DATE: 4 / 20 / 2015

EMPLOYEE INITIALS: *CA* DATE: 4 / 20 / 15