OP ID: TB

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/29/2015

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(les) 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).

CONCER	361116	(3)	·	CONTACT Timethy	Priggs			
roducer riggs Agency, Inc.		CONTACT Timothy Briggs PHONE (A/C, No, Ext): 219-769-4840 FAX (A/C, No): 219-769-0216						
000 West Lincoln Highway errillville, IN 46410								
mothy A. Briggs		ADDRESS: thriggs.hriggor@instrettail.riet						
				PRODUCER CUSTOMER ID #: DIXO	DNQ1			
		INSURER(S) AFFORDING COVERAGE				NAIC#		
SURED Dixon Quality Roofing,		INSURER A: Westfield Insurance Company INSURER B: Continental Indemnity Company				4112		
777 S 500 W						8258		
Hebron, IN 46341				INSURER C:				
				INSURER D :				
				INSURER E :		<u> </u>		
		INSURER F:		<u> </u>				
OVERAGES CEI	RTIFIC	CATE	E NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO W	HICH THIS I
R	ADDL	SUBR	·	POLICY EFF (MM/DD/YYYY)		CDMn	rs	
GENERAL LIABILITY	INSR	WVD.	POLICY NUMBER	(MINUDD/YYYY)	(MRR/DU/TYTY)	EACH OCCURRENCE	\$	1,000,000
			CWP5220737	04/17/2015	04/17/2016	DAMAGE TO RENTED	+	500,000
X COMMERCIAL GENERAL LIABILITY			OTT JEEUI SI	U-#1772015	3-7/1/2010	PREMISES (Ea occurrence)	\$	5,000
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
X POLICY PRO- JECT LOC	ļ					<u> </u>	\$	
AUTOMOBILE LIABILITY						(Ea accident)	X==	.
ANY AUTO						BODILY INJURY (Per person)	- C 13	> -i
ALL OWNED AUTOS						BODILY INJURY (Per accident)	* m	1
SCHEDULED AUTOS						PROPERTY DAMAGE W	205	3
HIRED AUTOS						(PER ACCIDENT)	\$ 0	
NON-OWNED AUTOS						minu fig	\$ = =	
						State	\$ -15	-
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	-
EXCESS LIAB CLAIMS-MADI						AGGREGATE	\$	
ODAING MEDI	7					AGGREGATE	s	_
DEDUCTIBLE							s	
RETENTION \$ WORKERS COMPENSATION	+					X WC STATU- TORY LIMITS OTH- ER		
AND EMPLOYERS' LIABILITY Y / N			46-827100-01-06	04/17/2015	04/17/2016			100,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		70-027 100-01-00	0 # 17/2013		E.L. EACH ACCIDENT	\$	100,000
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYER	•	500,000
DÉSCRIPTION OF OPERATIONS below	+					E.L. DISEASE - POLICY LIMIT	\$	500,000
SCRIPTION OF OPERATIONS / LOCATIONS / VEHI Intractor-all types of roofing, sidi	cles (A	^{lttach} utte	ACORD 101, Additional Remarks FS	Schedule, if more space is	required)			12465
ERTIFICATE HOLDER				CANCELLATION				- CICOL
ATTA IVATE HOLDER			LAKE009	JANUELLATION				
Lake County Planning Commission	LANEUUS	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						
Attn: Planning & Bldg. I 2293 N. Main St. Crown Point, IN 46307	ept.			Tila	. Bin	של		
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