Client#: 25063

SIMON1

 $AC\Omega RD_{m}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/01/2015

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).

PRODUCER		CONTACT Amanda L. Gebeau/Pam Courie		
Althans Insurance Agency, Inc. 543 East Washington St.		PHONE (A/C, No, Ext): 440 247-6422 FAX (A/C, No): 440	247-2394	
		E-MAIL ADDRESS: algebeau@althans.com		
P.O.Box 570		INSURER(S) AFFORDING COVERAGE	NAIC#	
Chagrin Falls, OH 44022		INSURER A: Liberty Mutual Fire Insurance C	23035	
INSURED		INSURER B: Lexington Insurance Company	19437	
Simon Roofing and Sheet Metal Corp.		INSURER C: Ohio Casualty	24074	
70 Karago Ave.		INSURER D: Cincinnati Insurance Company	10677	
Youngstown, OH 44512		INSURER E: Continental Casualty	20443	
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER: (1)		

COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER: O1				
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 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.								
ADDL SUBR INSR WVD POLIC	CY NUMBER POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIŢ	\$0				
	866 04/01/2015	04/01/2016	EACH OCCURRENCE	\$1,000,000				
	ļ l		DAMAGE TO RENTED PREMISES (Ea occurrence)					
			MED EXP (Any one person)	\$ 10,000				
			PERSONAL & ADV INJURY	\$1,000,000				
			GENERAL AGGREGATE	\$2,000,000				
De la	ocument is		PRODUCTS - COMP/OP AGG	\$2,000,000				
				\$				
CAP518466	04/01/2015	04/01/2816	(Ea accident)	£2 ,000,000				
	OTTICIA	L.	BODILY INJURY (Per person)	5				
This Docus	ment is the prope	rtv of	BODILY INJURY (Per acoident)	\$270				
		~	(Per accident)	\$20				
the Lak	e County Record	er:	<u>c</u> ;	\$CO				
015681375	04/01/2015	04/01/2016	3997	\$5,000,000				
			AGGREGATE	\$5,000,000				
			S CONTACT OF THE STATE OF THE S	s 💬				
WA2ZD024	866015 04/01/2015	04/ <mark>01/20</mark> 16	X TORY LIMITS ER	73				
N/A			E.L. EACH ACCIDENT	\$1,000,000				
			E.L. DISEASE - EA EMPLOYEE					
			E.L. DISEASE - POLICY LIMIT	\$1,000,000				
]	THE PARTY OF THE P		7 ,					
			\$2,000,000					
Board of Commissioner of Lake County, State of Indiana and all Cities, Towns, or Municipalities in Lake								
County, Indiana.								
	CLES (Attach ACORD 101, Addi	CLES (Attach ACORD 101, Additional Spinarks Sciegal & Ponce of Control of Con	S OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED EQUIREMENT, TEPM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT, TEPM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED FOR POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIM AND	S OF INSURANCE LISTED BELOW HAV: BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE COUREMENT, TEPM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT OF A POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. APOLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDISUBRE POLICY NUMBER (MM/DD/YFYF) (MM/DD/YYYY) (MM/DD/YYYY) TB2Z81024866 DOCUMENT 1S AP5184630 OFFI 04/01/2015 AP5184630 OFFI 04/01/2016 AP5184630 OFFI 04/01/2015 AP5184630 OFFI 04/01/2016 AP5184630 OFFI 04/01/2				

CERTIFICATE HOLDER

Re: Contractor's Registration

Town of Merrillville Planning & Bulilding Department 7820 Broadway Merrillville, IN 46410 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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