

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: Althans Insurance Agency, Inc. 543 East Washington St. P.O.Box 570 Chagrin Falls, OH 44022
CONTACT NAME: Amanda L. Gebeau/Pam Courie
PHONE (A/C, No, Ext): 440 247-6422 FAX (A/C, No): 440 247-2394
E-MAIL ADDRESS: algebeau@althans.com
INSURER(S) AFFORDING COVERAGE: INSURER A: Liberty Mutual Fire Insurance C 23035
INSURER B: Lexington Insurance Company 19437
INSURER C: Ohio Casualty 24074
INSURER D: Cincinnati Insurance Company 10677
INSURER E: Continental Casualty 20443
INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 5

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, Excess Liability, and Pollution L.



Handwritten notes: 12-1 NOW-COM M E #577487

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Board of Commissioner of Lake County, State of Indiana and all Cities, Towns, or Municipalities in Lake County, Indiana. Re: Contractor's Registration

CERTIFICATE HOLDER: Town of Merrillville Planning & Building 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: [Signature]