

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2015

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).

PRODUCER	CONTACT NAME:				
Roselius Insurance Agency, Inc 9 S. Main St.	PHONE (A/C, No, Ext);	(A/G_No):			
West Alexandria, OH 45381	E-MAIL ADDRESS:				
Brad Unger	PRODUCER CUSTOMER ID #: STUD001				
	INSURER(S) AFFORDING COVERAG	_ O1	NAIC#		
INSURED The Student Development	INSURER A : Westfield Insurance Co.		24112		
Company, LLC Textbook Painting 13000 Athens Ave Suite 200 Lakewood, OH 44107	INSURER B :	င်သ			
	INSURER C :	\sim			
	INSURER D :				
	INSURER E :	ഗ			
	INSURER F :				
COVER ACEC CERTIFICATE 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.										
INSF		NSR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS				
FIR	GENERAL LIABILITY	NSK WVI		(MINVOORT TTT)	1MM/DD/1173	EACH OCCURRENCE	\$ -71 ,1,000,000			
A	X COMMERCIAL GENERAL LIABILITY		CWP4772467	01/01/2015	01/01/2016	PREMISES (Ea occurrence)	s 7 100,000			
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	s 10,000			
						PERSONAL & ADVINJURY	s 1,000,000			
			Docume	nt 1s	<u></u>	GENERAL AGEREGATE	s 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:				-	PRODUCTS -COMPIOP AGG	2 ,000,000			
	POLICY X PRO-		NOTOFFI	CLA		जिंद है	\$ 1.77			
١.	AUTOMOBILE LIABILITY			@1/91/2019 @1/0		COMBINED SINGLE LIMIT	s 1,000,000			
A	ANY AUTO	This	This Document is the Lake County		@1/1y2016	BODILY (NJURY (Per person))	\$			
	ALL OWNED AUTOS	t			der!	BODILY INJURY (Per accident)				
	SCHEDULED AUTOS					PROPERTY DAMAGE	\$			
	X HIRED AUTOS X NON-OWNED AUTOS					(PER ACCIDENT)	s			
	X NON-OWNED AUTOS					-	\$			
<u></u>	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	s 1,000,000			
	EXCESS LIAB CLAIMS-MADE		CWR4772467	01/01/2015 01/01/2016		AGGREGATE	s			
Α	DEDUCTIBLE				AGGREGATE	s				
	RETENTION \$						s			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCP4854939	01/01/2015 01/0		WC STATU- OTH-				
A	ANY PROPRIETOR/PARTNER/EXECUTIVE	A / A			01/01/2016	E.L. EACH ACCIDENT	\$ 1,000,000			
	(Mandatory In NH)	V/A	TOTAL PROPERTY.			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below		JURDEN JO			EL DISEASE - POLICY LIMIT	\$ 1,000,000			
Α	Property Section		CWP4772467		01/01/2016					

CERTIFICATE HOLDER

CANCELLATION

LAKC002

Board of Commissioner,Lake Cty State of IN & any Cities, Town & Municipalities 2293 N.Main St. Crown Point, IN 46307-1854

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Addito Evidence of current liability incurance

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

BID. Uy

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ACORD 25 (2009/09)

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