

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/24/2015

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.

certificate holder in lieu			ndorsement. A statement or		oner nyms to th
PRODUCER	•			wel, CPCU, CIC	
Crowel Agency, Inc.			PHONE (A/C, No. Ext): (219) 923-2131 FAX (A/C, No. Ext): (219) 972-5209		
8244 Kennedy Aven	ue		E-MAIL ADDRESS: tgc@crowelins	urance.com	<u> </u>
				FORDING COVERAGE	NAIC#
Highland IN 46322 INSURED Nelson's Construction, Inc.			INSURER A : Cincinnati Insurance Compan Insurer B : INSURER C :		л
					_
8780 Wicker Avenu	ie E		INSURER D :		<u> </u>
			INSURER E :	_	5
St. John	IN 46373	•	INSURER F:		1.1
COVERAGES		NUMBER:2015-2016		REVISION NUMBER:	E DOLLOV DEDIC
INDICATED. NOTWITHSTA CERTIFICATE MAY BE ISS EXCLUSIONS AND CONDIT	ANDING ANY REQUIREMEN SUED OR MAY PERTAIN, TIONS OF SUCH POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORI	AVE BEEN ISSUED TO THE INS I OF ANY CONTRACT OR OTH DED BY THE POLICIES DESCR E BEEN REDUCED BY PAID CLA	IER DOCUMENT WITH RESP RIBED HEREIN I S SUBJECT AIMS.	ECT TO WHICH THE
NSR TR TYPE OF INSUR	ANCE INSK W/D	POLICY NUMBER	POLICY EFF POLICY E	YYY) LIMIT	,
GENERAL LIABILITY		10101		EACH OCCURRENCE	\$ 1,000,
X COMMERCIAL GENERA	AL LIABILITY This	Document i	s the property	DAMAGE TO RENTED PREMISES (Ea occurrence)	100,0
A CLAIMS-MADE	X OCCUR	EPP 035 21 25	nty Recorder!	MED EXP (Any one person)	\$ 77 0/5,0
		ne Lake Cou	nty Recorder!	PERSONAL & ADV MURY	
				GENERAL AGGREGATE	$\frac{3}{3}$ $\frac{2}{3}$,000,0
GEN'L AGGREGATE LIMIT AI	PPLIES PER:			PRODUCTS - OOMP/OP AGG	s 72,000,
X POLICY PRO- JECT	Loc			COMBINED SINCE THAT	's SOT
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	s 1,000,0
A X ANY AUTO	2011			BODILY INJURY (Rer person)	
ALL OWNED AUTOS	SCHEDULED AUTOS NON-OWNED	EBA 035 21 25	10/10/2015 10/10/20	PROPERTY DAMAGE	
X HIRED AUTOS X	AUTOS			(Per accident)	9 6 b
├	X OCCUR	005 04 05	10/10/2015 10/10/20	EACH OCCURRENCE	\$ 2,000,
A EXCESS LIAB	J OLYMO MIADE	EPP 035 21 25	R'C 10/10/2015 10/10/20	AGGREGATE	\$ 2,000,
DED X RETENTION		Zi Okta		WC STATU- OTH-	\$
AND EMPLOYERS' LIABILIT	Υ Σω		C.		\$ 500,
ANY PROPRIETOR/PARTNER OFFICER/MEMBER EXCLUDE (Mandatory in NH)		ECW 035 21 49	0/10/2015 10/10/20	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE	
A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATION		- Ton 000 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E.L. DISEASE - POLICY LIMIT	
DESCRIPTION OF OPERATION	ONS below	E THE	Aller SI	E.L. DISEASE - POLICY LIMIT	300,
		To, ND	ANALINE		¥
DESCRIPTION OF OPERATIONS / I General Contractor		a ACORD 101, Additional Remark	s Schedule, if more space is required		nor ear
CERTIFICATE HOLDER			CANCELLATION		ew-
OFICILION I F HOFDEK			OANTOLLEA HON		•=•
Lake County Plan Commission			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
2293 N. Main Crown Point,			AUTHORIZED REPRESENTATIVE		
			T Crowel, CPCU, CIC	10 Wood 66.8	2

ACORD 25 (2010/05)