From:Maureen FaxID.

Date:10/28/2015 12:23 PM Page:2 of 2

				ELZINM		OP ID: M
CERTI	FICATE OF LIA	BILITY IN	ISURA	NCE		NN/DD/YYY) 13/2015
THIS CERTIFICATE IS ISSUED AS A MA					TE HOL	DER. THIS
CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSUR REPRESENTATIVE OR PRODUCER, AND	ANCE DOES NOT CONSTITU					
IMPORTANT: If the certificate holder is a the terms and conditions of the policy, co certificate holder in lieu of such endorsem	rtain policies may require an e	e policy(ies) must be endorsement. A stat	endorsed. tement on th	If SUBROGATION IS W	AIVED, onfer ri	subject to ghts to the
PRODUCER	(dit(3).	NAME: Adam R	othschild, (
Rothschild Agency, inc 1979 Broadway Aerrillville, IN 46410-		PHONE (A/C, No. Ext): 219-76 EMAIL ADDRESS		FAX (A/C. Noj:		
idam Rothschild, CIC		INSURER(S) AFFORDING COVERAGE				NAIC #
INSURED Elzinga Masonry Inc. Duane Elzinga 6896 Hendricks St. Merrillville, IN 46410		INSURER B : Liberty Mutual Insurance Co				10000
		INSURER C .				
		NSURER E .				
COVERAGES CERTIF		INSURER F :		REVISION NUMBER:	1	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POL	INSURANCE LISTED BELOW HA IREVENT, TERM OR CONDITION RTAIN, THE INSURANCE AFFOR LICIES, LIMITS SHOWN MAY HAVI	I OF ANY CONTRACT DED BY THE POLICIE E BEEN REDUCED BY	O THE INSURE OR OTHER I S DESCRIBED PAID CLAIMS.	D NAMED ABOVE FOR T	ст то и	VHICH THIS
TR TYPE OF INSURANCE INS	R WVD PCLICY NUMBER		POLICY EXP (MM/DDJYY'Y)	LIMIT	rs	
GENERAL LIABILITY	0264580	10/15/2015	10/15/2016	EACH OT CORFIENCE DAMAGE TO RENTED FREM SES (Es cocurtance)	1	1,000,0
CLAINST ADE X DICCHR	0 C C M 4 0 C	10/13/2013	Terrordeno	HREM SES (Ealconumence) MRD EXIT (Any one person)	4	200,0
				FEPSONAL & AGMINUUR (1	1,000,
				ISENICEA, AUGREGATE	1 <u>-</u>	2,000,
			and the second sec	PRODUCTS - COMPADE AGG	1 5	2,000,
	Docum	ient ic		COMENED SINGLE LIN	<u> </u>	1,000,1
A ANY AUTO	0264580	10/15/2015	10/15/2016	(Ealaccident) EVOILY INJURY (Fergerson)	1 \$	1,000,
ALL OWNED SOMEDULED	NOT OF	FICIA		SODILY NUCRY (Fer associated)	\$	
X HIGED AUTOR X VON-OWLED			-1 •	EROPERIN DAMAGE	s	
	is Document is	the prope	rty of		+ : +	
	the Lake Coun	ty Record	erl	EACH OR OURPENCE	3	
	the Lake Coun	ity fictor a		AGGRESATE	\$	a
WORKERS COMPENSATION				WC STATU- CTH-	2	
	WC534S535095015	10/15/2015	10/15/2016	EL EACH ACCIDENT	+ \$	100,
	A			EL DIDEASE - EA EMPLOYSE	1	100,
ACCRIPTION OF OPERATIONS MADA				EL DISEASE - FOLICI UMT	\$	500,
	0264530	10/15/2015	10/15/2016	Sched uled		57,
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	Attach ACCRD 101. Additional Remarks	scriedure, if moré space is	required:			
	SUPPLIER BER	SOM				
6						
86		E I		/		
					······	
CERTIFICATE HOUDER		New St				
	LAC 9003				ANCRU	ED BEFORE
07	Lec 9063	THE EXPIRATION	THE ABOVE D	REOF, NOTICE WILL	SE DEL	WERED I
	LACSOUS INTERNET	ASHOULD ANY OF THE EXPIRATION ACCORDANCE WI	V DATE THE	REOF, NOTICE WILL	SE DEL	IVERED II
LAKE CO PLANNING COMM	LAC 9000	ACCORDANCE WI	N DATE THE TH THE POLIC	REOF, NOTICE WILL	SE DEL	IVERED H
LAKE CO PLANNING COMN 2293 NORTH MAIN ST CROWN POINT, IN 46307	IISSION	THE EXPIRATION	N DATE THE TH THE POLIC	REOF, NOTICE WILL	SE DEL	IVERED II
LAKE CO PLANNING COMM	IISSION	ACCORDANCE WI	N DATE THE TH THE POLIC	REOF, NOTICE WILL	SE DEL	IVERED 1

14-VNONC. SS



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER 2293 NORTH MAIN STREET CROWN POINT, INDIANA 46307

MICHAEL B. BROWN Recorder

PHONE (219) 755-3730 FAX (219) 755-3257

DISCLAIMER

This document has been recorded as presented. It may not meet with State of Indiana Recordation requirements.

- 1. STAINED DOCUMENT AT TIME OF RECORDING
- 2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING _
- 3. PAGE(S) MISSING AT TIMPOPRECORDING
- 4. ATTACHMENTS MISSING A TOINE OF RECORDING
- 5. DOCUMENT TO THE APPRIME OF RECORDING
- 6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING
- 7. DOCUMENT TORN DURING PROCESS OF RECORDING
- 8. DOCUMENT STAINED DURING PROCESS OF RECORDING
- 9. CUSTOMER INSISTING DOCUMENT BE RECORDED
- 10.DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE REQUIREMENTS

CUSTOMER INITIALS:

DATE: **EMPLOYEE INITIALS:**