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ELZINM1 OP ID: MH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/13/2015

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.

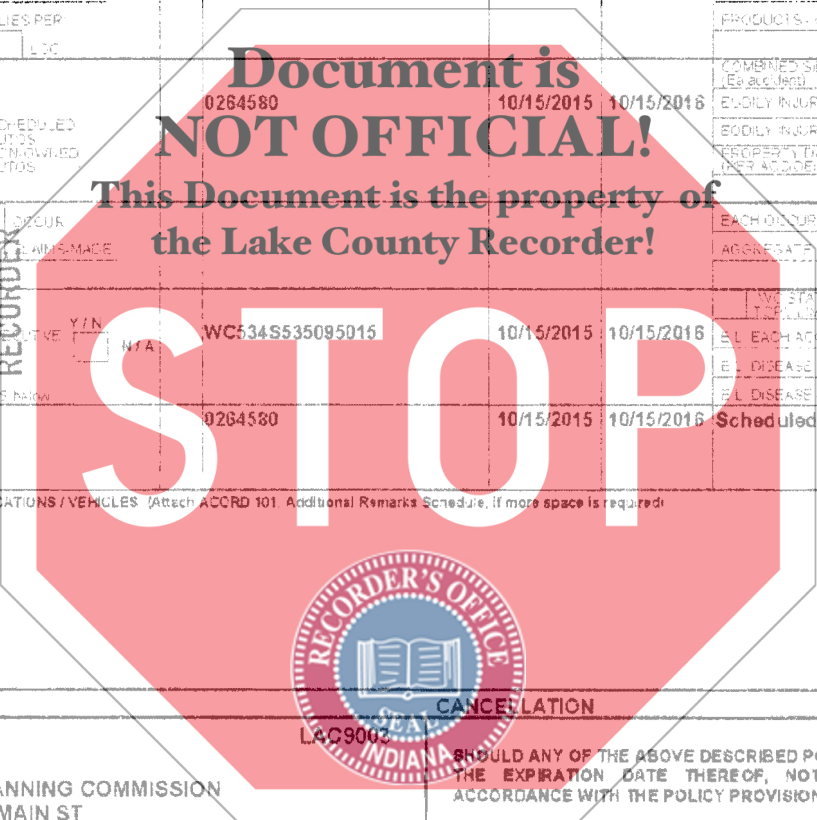
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Rothschild Agency, Inc. CONTACT NAME: Adam Rothschild, CIC. INSURED: Elzinga Masonry Inc. INSURER A: West Bend Mutual

COVERAGES CERTIFICATE NUMBER: REVISION 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.

Table with columns: NSR LTR, TYPE OF INSURANCE, ADDL. SUBR. INSR. Y/Y, POLICY NUMBER, POLICY EFF. (MM/DD/YYYY), POLICY EXP. (MM/DD/YYYY), LIMITS. Includes rows for General Liability, Automobile Liability, and Equipment Floater.



DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required) Masonry Contractor

CERTIFICATE HOLDER: LAKE CO PLANNING COMMISSION. AUTHORIZED REPRESENTATIVE: [Signature]

Handwritten notes: 14, VADINE, SS, CS



**OFFICE OF THE LAKE COUNTY RECORDER**

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

**MICHAEL B. BROWN**  
Recorder

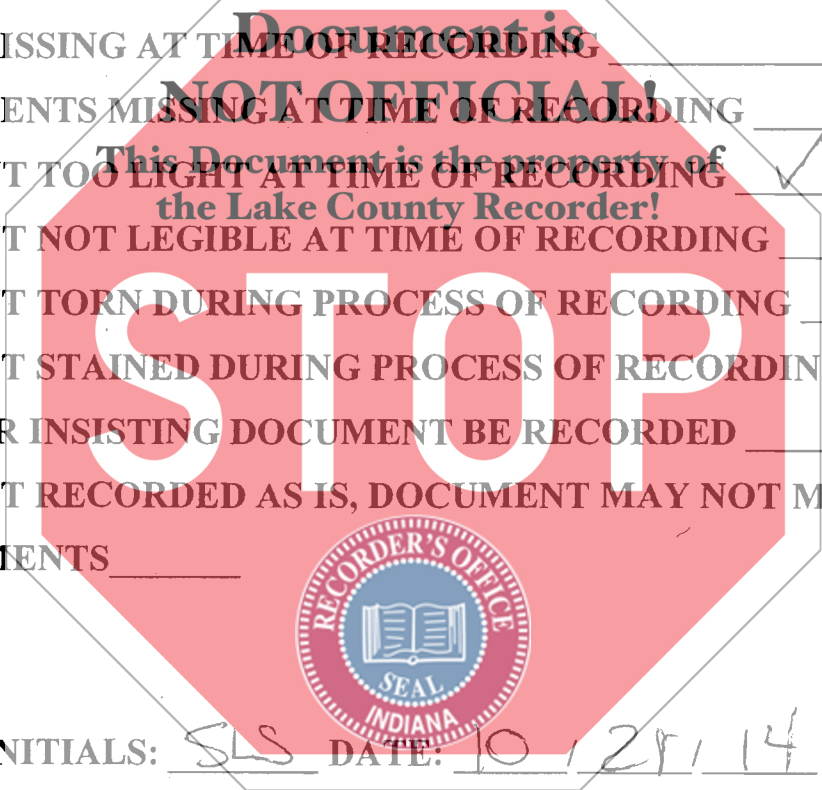


PHONE (219) 755-3730  
FAX (219) 755-3257

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CUSTOMER INITIALS: SLS DATE: 10/28/14

EMPLOYEE INITIALS: JE DATE: Oct 28, 15