



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/29/2015

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(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).

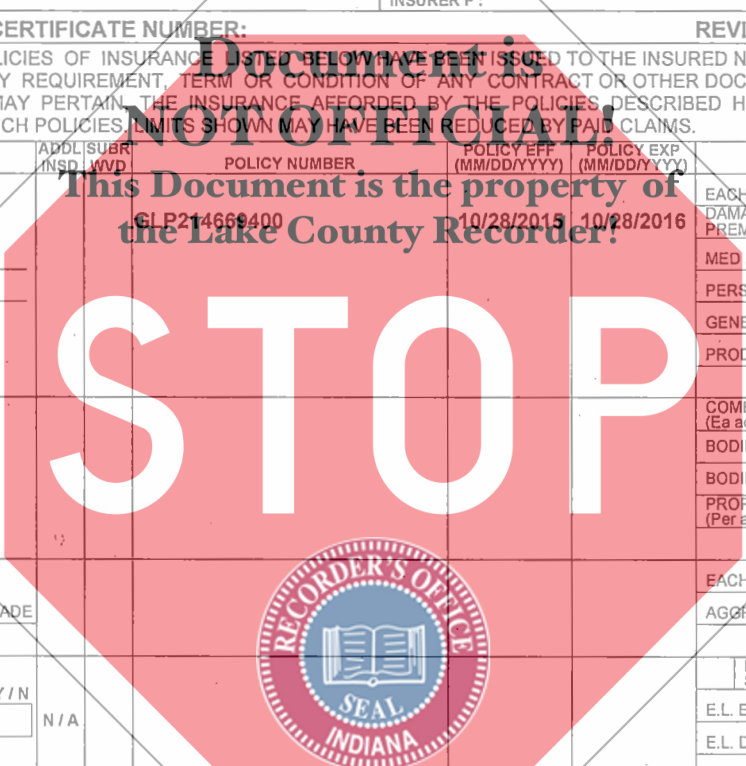
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|--|---|
| <b>PRODUCER</b><br>Masterson Alliance LLC<br>330 W US Hwy 30-STE B<br>Valparaiso, IN 46385       | <b>CONTACT NAME:</b> Betty Ellis  |
|  | <b>PHONE (A/C, No., Ext):</b> (219) 462-2166 <b>FAX (A/C, No.):</b> (219) 531-0668<br><b>E-MAIL ADDRESS:</b> bellis@mastersonalliance.com |
| <b>INSURED</b><br><br>VLS Construction Services LLC<br>3000 Murvihill Rd<br>Valparaiso, IN 46383 | <b>INSURER(S) AFFORDING COVERAGE</b>  |
|  | <b>INSURER A :</b> State Auto Insurance Company <b>NAIC #</b> 25135   |
|  | <b>INSURER B :</b> RLI SURETY INS CO.   |
|  | <b>INSURER C :</b>  |
|  | <b>INSURER D :</b>  |
|  | <b>INSURER E :</b>  |

2015 0735099

**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. 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.

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD L WVP | POLICY NUMBER       | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|----------------------|---------------------|-------------------------|-------------------------|--|
| A        | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                      | <b>CLP214669400</b> | <b>10/28/2015</b>       | <b>10/28/2016</b>       | EACH OCCURRENCE \$ 1,000,000                         |
|          |  |                      |                     |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
|          |  |                      |                     |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|          |  |                      |                     |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          |  |                      |                     |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|          |  |                      |                     |                         |                         | PRODUCTS - COMPO AGG \$ 4,000,000                    |
|          |  |                      |                     |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|          |  |                      |                     |                         |                         | BODILY INJURY (Per person) \$ 1,000,000              |
|          |  |                      |                     |                         |                         | BODILY INJURY (Per accident) \$ 1,000,000            |
|          |  |                      |                     |                         |                         | PROPERTY DAMAGE (Per accident) \$ 1,000,000          |
|          | UMBRELLA LIAB  |                      |                     |                         |                         | EACH OCCURRENCE \$                                   |
|          | EXCESS LIAB  |                      |                     |                         |                         | AGGREGATE \$   |
|          | DED  |                      |                     |                         |                         | \$   |
|          | RETENTION \$   |                      |                     |                         |                         | \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |                      |                     |                         |                         | PER STATUTE  |
|          |  |                      |                     |                         |                         | OTHER  |
|          |  |                      |                     |                         |                         | E.L. EACH ACCIDENT \$                                |
|          |  |                      |                     |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
|          | <b>Surety Bond</b>   |                      | <b>LSM0805961</b>   | <b>10/29/2015</b>       | <b>10/29/2016</b>       | <b>Lake County</b> <b>5,000</b>                      |



*Non Com*  
*4 copies*  
*12/11/15*  
*#247*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**General Contractor**

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br>Lake County Plan Commission<br>2293 N Main Street<br>Crown Point, IN 46307 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br>Betty Ellis <i>Betty J. Ellis</i> |
|---|--|