| Client#: 27016 HOLLPRO | |
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| ACORD. CERTIFICATE OF LIAE | |
| 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). If Waiver of Subrogation is applicable, it only applies to the extent allowed by law. | |
| PRODUCER P&C Chicago | CONTACT Jaclyn Teets PHONE (A/C, No, Ext): 312 595-6200 (A/C, No): |
| Mesirow Insurance Services 353 N. Clark Street | E-MAIL ADDRESS: jteets@mesirowfinancial.com |
| Chicago, IL 60654 | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Employers Insurance of Wausau 21458 |
| INSURED Holladay Construction Group, LLC | INSURER B : Liberty Insurance Corporation 42404 |
| 227 South Main Street, Suite 300 | INSURER C : Wausau Underwriters Ins. Co 26042 |
| South Bend, IN_46601 | INSURER D : |
| <u> </u> | INSURER F : |
| COVERAGES 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 SUBJECTED ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | |
| INSR TYPE OF INSURANCE ADDL SUBR LTR INSR WVD POLICY NUMBER | (MM/DD/YYYY) (MM/DD/YYYY) |
| A GENERAL LIABILITY TB2Z91453913055 | 03/01/2015 03/01/2016 EACH OCCURRENCE \$1,000,000 PAMAGE TO RENTED PAMAGE TO RENTED \$300,000 \$300,000 |
| CLAIMS-MADE X OCCUR | MED EXP (Any one person \$10,000 \$10,000 |
| | PERSONAL & ADV INJUR \$1,000,000 |
| Docum | GENERAL AGGREGATE \$2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | PRODUCTS - COMPIOP ADG \$2,000,000 |
| A AUTOMOBILE LIABILITY | COMBINED SINGLE LIMIT \$1,000,000 |
| X ANY AUTO | |
| AUTOS | |
| X HIRED AUTOS X NON-OWNED the Jmaloed Coun Collision Ded. | \$1,000 \$ |
| B X UMBRELLA LIAB X QCCUR TH7291453913075 | 03/01/2015 03/01/2016 EACH OCCURRENCE |
| | AGGREGATE S1510000090 |
| DED X RETENTION \$10,000 C WORKERS COMPENSATION WC2Z91453913015 | 03/01/2015 03/01/2016 X WC STATU P 011 |
| AND EMPLOYERS' LIABILITY | EL EACH ACCIDENT #5500,000 |
| OFFICER/MEMBER EXCLUDED? | EL DISEASE - ET PLOYEE \$500,000 |
| DESCRIPTION OF OPERATIONS below | |
| MUTTER . | E E E |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remark RE: General Contractor | s Scherule, if more space is required) |
| This certificate is issued as evidence of coverage. | |
| mon-com | |
| DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Addition Remarks Scherble) if more space is required) RE: General Contractor This certificate is issued as evidence of coverage. CERTIFICATE HOLDER | |
| CANCELLATION | |
| ر Lake County Plan Commission 2293 N Main St | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Crown Point, IN 46307 | AUTHORIZED REPRESENTATIVE |
| Joen P. Harney | |
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