Commercial Certificate of Insurance FARMERS Agency Laura Mikels Name 5490 Broadway Ste 105 Issue Date (MM/DD/YY) 12/06/2015 & Merrillville, IN 46410-1676 Address • 219-981-5639 This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below. Dist. 60 St. 36 Agent 15A Companies Providing Coverage: Insured Company A Truck Insurance Exchange . Willie Bryant DBA JIMB Roofing Company B Farmers Insurance Exchange Name · 499 W 53rd Place & Company C Mid-Century Insurance Company Merrillville,IN 46410 Address Company D Coverages This is to certify that the policies of insurance listed below have been issued any requirement, term or condition of any contract or other document with sured parned above for the policy period indicated. Notwithstanding to which this certificate may be issued or may period; 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. Co. Type of Insurance Policy Limits Ltr. umentate Mary Date entry General Aggregate \mathbf{B} **General Liability** 5-1,000,000 604797169 Lake Cou2106/2015eco12/06/2016 Products-Comp/OPS X Commercial General **Aggregate** \$ 500,000 Liability ' Personal & - Occurrence Version Advertising Injury \$ 500,000 Each Occurrence Contractual - Incidental \$ 500,000 Fire Damage (Any one fire) Owners & Contractors Prot. Medical Expense (Any one person) Combined Single **Automobile Liability** 604798166 Limit 1,000,000 All Owned Commercial 12/06/2016 Autos Bodily Injury (Per person) Scheduled Autos Bodily Injury (Per accident) Hired Autos Non-Owned Autos Property Damage Garage Liability Garage Aggregate \$ **Umbrella Liability** Limit \$ Statutory Workers' Compensation 18698166 12/06/2016 12/06/2015 Each Accident \$ 100,000

Description of Operations/Vehicles/Restrictions/Special items:

Roofing Contractor

Lake County, 2293 N Main Street, Crown Point, IN 46307, its officers, agents and employees are additional insured. Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).

Certificate Holder

Lake County

Name . 2293 N Main Street

Crown Point, IN 46307

and

Employers' Liability

Address •

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Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Disease - Each Employee \$ 100,000

\$ 500,000

Disease - Policy Limit

Authorized Representative