	BRACO <u>-1 OP II</u>
ACORD <sup>®</sup> CERTIFICATE OF LIA	BILITY INSURANCE DATE (MM/DD/YY) 11/25/2015
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONL CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITU REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	Y AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. TH , EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICI
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the the terms and conditions of the policy, certain policies may require an e	policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject endorsement. A statement on this certificate does not confer rights to
certificate holder in lieu of such endorsement(s).	CONTACT NAME: Mark A. Bates, CIC, CSRM, AAI
Pinnacle Insurance Group	NAME:         Mark A. Bates, CiC, CSRMI, AAI           PHONE         FAX           (A/C, No, Ext); 219-663-2483         FAX           (A/C, No, Ext); 219-663-2483         FAX
P.O. Box 907 Crown Point, IN 46308-0907	E-MAIL ADDRESS: mark@pinnacleinsgrp.com
Mark A. Bates, CIC, CSRM, AAI	INSURER(S) AFFORDING COVERAGE NAIC
	INSURER A : NCCI
INSURED Brant Construction Management	INSURER B :
LLC 5821 Fountain Dr Suite 1 Crown Point, IN 46307	INSURER C :
	INSURER D :
	INSURER E :
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	WE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TI DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERI
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	(MM/DD/YYYY) (MM/DD/YYYY) LIMITS
	EACH OCCURRENCE \$
CLAIMS-MADE OCCUR	PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$
	MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$
	GENERAL AGGREGATE \$
	nent is PRODUCTS - COMP/OP AGG \$
	s s
	COMBINED SINGLE LIMIT (Ea accident)
	BODILY INJURY (Per person) \$
APL DYNED THIS Document is	s the property of BODILY INJURY (Per accident) \$
the Lake Cour	
OMBRELLA LIA	EACH OCCURRENCE \$
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$
DED RETENTION \$	S S
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	X PER OTH- ER
A ANY PROPRIETOR/PARTNER/EXECUTIVE	11/05/2015 11/05/2016 E.L. EACH ACCIDENT \$ 50
(Mandatory In NH)	E.L. DISEASE - EA EMPLOYEE \$ 500
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$ 500
DESCRIPTION OF OPERATIONS / LOCATIONS VEHICLES (ACORD 101, Additional Remarks School	ile, may be attached if more space is required)
	ANAmmin
CERTIFICATE HOLDER	CANCELLATION
LAKCO-1 LAKE COUNTY PLAN COMMISSION 2293 N Main St	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.
Crown Point, IN 46307	AUTHORIZED REPRESENTATIVE
	Kel Offsator N
© 1988-2014 ACORD CORPORATION. All rights reserved. ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD	