CERTIFICATE OF LIABILITY INSURANCE

A1DOOR1

OP ID: CH

DATE (MM/DD/YYYY)

03/07/2016

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

certifica	ate holder in lieu of such endorsement(s).	<u> </u>	
JOUCER . 'othschild Agency, Inc 8979 Broadway Merrillville, IN 46410- Michael A. Kaim, CIC R-Comml		CONTACT Michael A. Kaim, CIC PHONE (A/C, No, Ext); 219-769-6616 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: Indiana Insurance Company	22659
INSURED	A1 Door & Heating Systems Inc. Sherman West 4024 Broadmoor Circle Naperville, IL 60564	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E :	3
		INSURER F:	<u>. </u>
COVERAGES CERTIFICATE NUMBER:		DEVISION NUMBER	

BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ON CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INSURANCE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR THE POLICIES DESCRIBED HEREIN IS SUBJECT, TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. TA PAIDCLAMS ADDL SUBR LIMITS TYPE OF INSURANCE INSK WVD GENERAL LIABILITY ധ s Document is the property of 03/06/2016 03/06/2017 the Lake County Recorder! 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED 100,000 Α X COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) 5,000 CLAIMS-MADE | X | OCCUR MED EXP (Any one pers \$ 1,000,000 PERSONAL & ADV INJURI 2,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG POLICY LOC D SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 ent) BA8008364 03/06/2016 | 03/06/2017 BODILY INJURY (Per pe Х \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY AUTOS NON-OWNED Y DANAGE Х Χ HIRED AUTOS AUTOS EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGAT CU **EXCESS LIAB** CLAIMS-MADE FICE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYPE \$ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Property CBP8008164 03/06/2017 67,810 03/06/2016 Contents

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

non-con train-e

CERTIFICATE HOLDER	CANCELLATION	
LAKE CO PLANNING COMMISSION 2293 NORTH MAIN ST	LAC9003	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