



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/6/2015

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).

<b>PRODUCER</b> General Insurance Services 1200 Michigan Ave. P.O. Box 70 LaPorte IN 46350	<b>CONTACT NAME:</b> Pamela Terzino <b>PHONE (A/C. No. Ext):</b> (219) 362-2113 <b>E-MAIL ADDRESS:</b> pterzino@genins.com	<b>FAX (A/C. No.):</b> (219) 324-9852
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> J & B West Enterprises LLC 5263 W 400 S La Porte IN 46350	<b>INSURER A:</b> Cincinnati Specialty Underwriters	
	<b>INSURER B:</b> Progressive Southeastern	
	<b>INSURER C:</b> Travelers Insurance	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		<b>NAIC #</b> 38784

**COVERAGES**      **CERTIFICATE NUMBER:** 15/16      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			CS80064146	11/15/2015	11/15/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL AUTO INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
B	AUTOMOBILE LIABILITY						PRODUCTS COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						PROPERTY DAMAGE (Single limit) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			03382909-1	11/25/2015	11/25/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	UMBRELLA LIAB						BODILY INJURY (Per person) \$
	EXCESS LIAB						BODILY INJURY (Per accident) \$
	DED						PROPERTY DAMAGE (Per accident) \$
	RETENTION \$						Uninsured motorist combined \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						AGGREGATE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					
				6JUB-2E63667-5-15	5/15/2015	5/15/2016	PER STATUTE \$
							OTH-ER \$
							E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b> Lake County Plan Commission 2293 N. Main St. Crown Point, IN 46307	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE D Kaminski, CPCU CIC/ <i>[Signature]</i>
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