

## CERTIFICATE OF LIABILITY INSURANCE

S&BCO-2

OP ID: PH

DATE (MM/DD/YYYY)

03/01/2016

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 certificate holder in lieu of such endorsement(s).

PRODUCE		CONTACT Bruce Siegmann, CP	CONTACT NAME: Bruce Siegmann, CPCU, CIC					
	& Brown of Indiana, LLC I. Meridian St., Ste 220	PHONE (A/C, No, Ext): 317-574-5000	FAX (A/C, No): 317-471-1700					
Carmel,	IN 46032	E-MAIL ADDRESS:	E-MAIL					
Bruce S	iegmann, CPCU, CIC	INSURER(S) AFFORDI	NG COVERAGE NAIC #					
	<u></u> ⊖:	INSURER A : National Fire Ins Co	ofHartfor 20478					
INSURED		INSURER B : Continental Insuran	ce Company 35289					
	dba Southwest Confidence Construction Group LLC (CCG)	INSURER C: Continental Casualt	Company 20443					
	Attn: William Cooper	INSURER D :	№					
	8740 E. 30th Street Indianapolis, IN 46219	INSURER E :						
		INSURER F:	September 1					
COVER	RAGES CERTIFICATE NUMBE	R: RI	EVISION NUMBER					
THIS	IS TO CERTIFY THAT: THE POLICIES OF INSURANCE IS ATED. NOTWITHSTANDING ANY REQUIREMENT, TERM.	TED BELOW HAVE BEEN ISSUED TO THE INSURED	NAMED ABOVE FOR THE POLICY PERIOD					
	IFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSU							
EXCL	USIONS AND CONDITIONS OF SUCH POLICIES. THAT IS SH	OWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	-					
INSR LTR	ADDL SUBR	POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY)	UMITS					
ВХ	COMMERCIAL GENERAL LIABILITY This DOC	ument is the property of	ACH OCCURRENCE \$ 1,000,000					
		5	ANACE TO DENTED					

ΙĔ	XCLI	USIONS AND CONDITIONS OF SUCH	POLIC	ΉES.	IMIT'S SHOWN MAY	HAVE BEEN R	EDUCED BY	PAID CLAIMS.	HEREIN IS SUBJECT IN	D'ALL THE TERNIO,
INSR LTR		TYPE OF INSURANCE	ADDL		POLICY NUM	BER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT CHARLES	s
В	X	COMMERCIAL GENERAL LIABILITY	7	hi	Documen	nt is the	prope	rty of	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR	X		5082773288 he Lake Co	01140477	01/01/2016	01/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
					ne Lake C	ounty I	recoru	er:	MED EXP (Any one person)	\$ 15,000
1									PERSONAL & ADV INJURY	\$ 1,000,000
1	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s 2,000,000
		POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							CONDINCT ON OUR IN CONTRACT	\$
١.	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMI (Ea accident)	s
Α	X	ANY AUTO ALL OWNED SCHEDULED			5082773291		01/01/2016	01/01/2017	BODILY INJURY (Rer pelson)	£-5
i		AUTOS AUTOS							BODILY INJURY (Per accident)	
i i	X	HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	**************************************
<u> </u>	<u> </u>								3, v	\$50***
١.	<u> </u>	UMBRELLA LIAB X OCCUP			FORGE TOOMS ATTEME	MEK 2 OV	2	04/04/0047	EACH OCCURRENCE	5,000,000
Α	<u> </u>	EXCESS LIAB CLAIMS-MADE			5082773260		01/01/2016	01/01/2017	AGGREGATE X	5,000,000
$\vdash$	WOS	DED X RETENTION \$		_	- ≥		5		L PER S LOTH-	\$C) - ( );
١.	AND	EMPLOYERS' LIABILITY			C00770074	التجيا	02/04/0046	04/04/0047	X PER STATUTE ERU	(m)
Α	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		582773274	SEAL	9/01/2016	01/01/2017	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mai	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below			No.	NOIANA	7		E.L. DISEASE - EA EMPLOYEE	
_	$\overline{}$				5000373304		04/04/2044	04/04/0047	E.L. DISEASE - POLICY LIMIT	
A	1	o Physical Dmg			5082773291		01/01/2016	01/01/2017	Deductib:	\$1,000/1000
C	Bui	lders Risk-			5083133662		01/01/2016	01/01/2017	*if applc	5,500,000
ı										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Board of Commissioners - Lake county is additional insured as respects S & B Construction Group LLC activities as Licensed General Contracdtor within the County of Lake.

021785 Mr. Long

CERTIFICATE HOLDER		CANCELLATION
Board of Commissioners County of Lake	LAKECO2	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2293 N. Main St. Crown Point, IN 46307		Bruce & Siegman