ACORD

WILOCKJO01

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/7/2016

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 line of such and conditions.

certificate floraer in flea of sa	ch endorsement(s).				
PRODUCER		CONTACT Nicholas Petrocelli	<b>100</b>		
Cooper & Allison Insurance Agency/Allegiance Insurance Services/ CM Agency/Russel J Kobel LLC 100 Tower Dr Ste 129		PHONE (A/C, No, Ext): (630) 908-4233	73) 299-1845		
		E-MAIL ADDRESS: npetrocelli@ais-ins.com			
Burr Ridge, IL 60527		INSURER(S) AFFORDING CO	NAIC #		
		INSURER A : Lloyds of London		08520	
INSURED		INSURER B :	<u> </u>		
Jospeh & Laurie W		INSURER C :			
17942 Hunt Club D		INSURER D :	o		
Mokena, IL 60448		INSURER E :			
		INSURER F:	N		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:			

COVERAGES

CERTIFICATE 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.

IST TYPE OF INSURANCE

ADDITURE INSURANCE
INSURAN

Α	X COMMERCIAL GENERAL LIABILIT	Υ				EACH OCCURRENCE	-\$1,000,000
ł	CLAIMS-MADE X OCCU	.	RTS001144	06/07/2016	06/07/2017	PREMISES (ESTE CUTTE TO	100,000
		[				MED EXP (Any one person)	5,000
			Docum	ant is		PERSONAL PADV INJURY	sr: 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PE	:	Docum	1C11f 12		GENERAL AGGREGATE	2,000,000
}	X POLICY PRO- JECT LOG		MOTOR	RICIA		PRODUCTS TO OMP/OP AGG	s 2,000,000
	OTHER:		NOT OF	FICIA	L!	COMBINED SHIPTE LIMIT	\$77.
	AUTOMOBILE LIABILITY	The	s Document is	the mone	wtyr of	(Es accident)	\$ ,
	ANY AUTO				_	and the same	\$ 17 17
	ALL OWNED SCHEDUL AUTOS		the Lake Cour	ity Record	er!	BODILY NURY (Per accident)	\$
	HIRED AUTOS NON-OWN	=D				PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCU					EACH OCCURRENCE	s
	EXCESS LIAB CLAIM	S-MADE				AGGREGATE	\$
	DED RETENTION\$					LOTU.	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				PER STATUTE OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under	L				E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
			TUNDER	SOUN			
			KY O. C.				
	RIPTION OF OPERATIONS / LOCATIONS Construction.	VEHICLES JACOR	D 101, Additional Remarks Schedul	e, may be attached if mo	re space is requir	ed) CJ	4511 00 00-10m M.E
Location:				$\sim$			
11421 Lakewood St. Crown Point, IN 46307			E SOE	Line USE		81-01	(0)41
			VOLUM NOI	Manne		" \(\rac{1}{2}\)	DVI -(O)
Scope of Work : General Contractor						, , -	00.5
							11 0
CEI	TIEICATE UOLDED			CANCELLATION			

CERTIFICATE HOLDER

Lake County Plan Commission

ATTN: Sherri or Marye Beth 2293 N. Main St. Crown Point, IN 46307 CANCELLATION

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

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