



CERTIFICATE OF LIABILITY INSURANCE

DANNBAL-01 TRACY1CJN

DATE (MM/DD/YYYY)

6/9/2016

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).

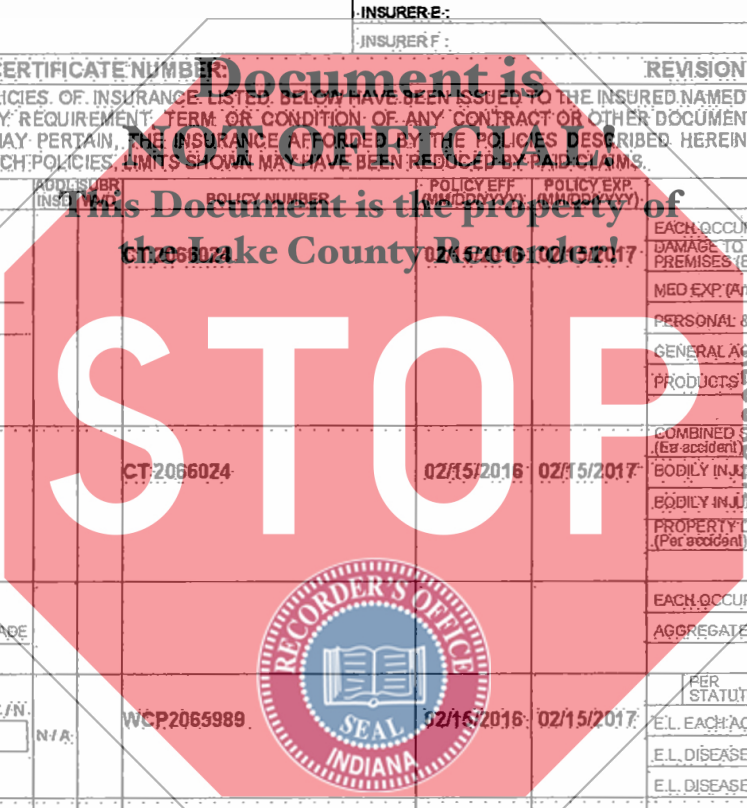
PRODUCER Christine J Newton Agency LLC 760 S Calumet Road Chesterton, IN 46304	CONTACT NAME:		
	PHONE (A/C, No, Ext): (219) 395-1747	FAX (A/C, No): (219) 395-1846	
	E-MAIL ADDRESS: cnewton@southshareins.net		
	INSURER(S) AFFORDING COVERAGE:	NAIC #	
	INSURER A: Grange Mutual	14060	
INSURED Danny Balch DBA Balch Painting 1650 Old Porter Rd Chesterton, IN 46304	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

201603587

COVERAGES CERTIFICATE NUMBER: 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 SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE: <input type="checkbox"/> OCCUR: <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY: <input type="checkbox"/> PRO-JECT: <input type="checkbox"/> LOC: OTHER:		CT-2066024	02/15/2016	02/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE: \$ 2,000,000 PRODUCTS/COMPLYOP AGG: \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY ANY AUTO: <input type="checkbox"/> ALL OWNED AUTOS: <input checked="" type="checkbox"/> SCHEDULED AUTOS: <input type="checkbox"/> NON-OWNED AUTOS: <input type="checkbox"/> HIRED AUTOS: <input type="checkbox"/>		CT-2066024	02/15/2016	02/15/2017	EACH OCCURRENCE \$ AGGREGATE \$
A	UMBRELLA LIAB: <input type="checkbox"/> OCCUR: <input type="checkbox"/> EXCESS LIAB: <input type="checkbox"/> CLAIMS-MADE: <input type="checkbox"/> DED: <input type="checkbox"/> RETENTION \$:					PER STATUTE: <input type="checkbox"/> OTH-ER: <input type="checkbox"/> E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X/N: <input type="checkbox"/> N/A: <input type="checkbox"/>	WCP2065989	02/15/2016	02/15/2017	



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

CERTIFICATE HOLDER Town of Winfield	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 Tracy R Birchall \$12.00

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