ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/17/2016

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					NAME:	Laura Pow	ers				
	Jeff Tucker Agen	icy			PHONE (A/C, No.	Ext): 219/924	.8800		FAX (A/C; No): 21	9/924.5095	
StateFarm 512 Ridge Rd				PHONE (A/C, No. Ext): 219/924.8800 FAX (A/C, No. Ext): 219/924.5095 E-MAIL ADDRESS: Laura@tuckerismyagent.com							
Munster IN 46321					INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURE			sualty Compan		25143	
INSURED	Eberle Contractir	ng Inc						mobile Insuran		25178	
100 N Colfax Ste 8					INSURER C:						
	Griffith In 46319				INSURER						
					INSURER						
									ത		
COVERAGE		CERTIF	ICATE	NUMBER:	INSURE	(F:		REVISION N			
THIS IS TO INDICATED.	CERTIFY THAT THE PO NOTWITHSTANDING A TE MAY BE ISSUED OF	OLICIES O NY REQU R MAY PE SUCH PO	F INSURA IREMENT RTAIN, TH	NCE LISTED BELOW HA , TERM OR CONDITION HE INSURANCE AFFORD MITS SHOWN MAY HAVE	OF ANY DED BY BEEN R	CONTRACT THE POLICIE EDUCED BY	O THE INSUR OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED AS DOCUMENT V D HEREIN IS	BOVE FOR THE	T TO WHICH THIS	
LTR	TYPE OF INSURANCE	INS	D WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A X COMI	MERCIAL GENERAL LIABILI	TY Y	.	94CGH0400	1	01/19/2016	01/19/2017	EACH OCCURR	ENCE CO	1,000,000	
	CLAIMS-MADE X OCCU	R						DAMAGE TO RE PREMISES (Ea d	occurrence)		
			1 1					MED EXP (Any o		5,000	
									WHOURY 3	100,000	
GEN'L AGO	GREGATE LIMIT APPLIES PE	R:						GENERAL AGG			
POLIC	CY PRO-			Docum	nei	nt 1s		PRODUCTS - CO	0	- Conomon	
OTHE								11000010 0	Q. 2		
	BILE LIABILITY			1429F3CD92		01/10/2016	01/10/2017	COMBINED SING			
	AUTO	X		1423700132		017572070	O F (SCZOT)	BODILY INJURY		- 000,000	
ALL C	OWNED SCHEDUL	.ED /	hie 1	Document i	s th	e nron	erty o	FODILY MJURY		<u> </u>	
AUTO	AUTOS NON-OWID	¥ED ☐						PROPERTY DAM		ŏ —	
HIRE	D AUTOS AUTOS		th	e Lake Cou	ntv]	Recor	der!	(Per accident)			
	PELLA LIAN				-				\$		
	RELLA LIAB OCCU	R						EACH OCCURR	ENCE \$	<u> </u>	
EXCE	SS LIAB CLAIM	IS-MADE						AGGREGATE		<u> </u>	
DED	RETENTION \$				14			DCD	\$		
AND EMPL	COMPENSATION OYERS' LIABILITY	Y/N		94CGH0412		01/19/2016	01/19/2017	× PER STATUTE	OTH- ER		
	RIETOR/PARTNER/EXECUTIVI IEMBER EXCLUDED?	E Y N/	A					E.L. EACH ACCI	DENT \$	1,000,000	
(Mandatory	(In NH)							E.L. DISEASE - I	A EMPLOYEE \$	1,000,000	
If yes, descr DESCRIPTI	ION OF OPERATIONS below							E.L. DISEASE - F	POLICY LIMIT \$	1,000,000	
									-11	(10)	
				ATTI	ШП				71-4	892	
		VEHICLES	(ACORD 10	1, Additional Remarks Schedu	le, may be	ottached if more	space is requir	ed)	· ·		
General Carp	penter			AT OK				- /.	- 3		
					~=m ³	6E		/ 4	71-2.0	<i>(</i>)	
						5		1	1000	100m	
					. الكيا	3			100V		
				E .SE	ALine				$i\Delta$	1.2	
				Con IND	AMA	III			VV	l	
CERTIFICAT	TE HOLDER			7710	HILL DO	ELLATION					
				\ <u> </u>	CANC	LLLATION	$\overline{}$				
Lake Cou	nty Plan Commis	sion			SHO	JLD ANY OF	THE ABOVE Γ	ESCRIBED PO	LICIES BE CAL	NCELLED BEFORE	
2293 N Main St						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Crown Po	oint IN 46307			ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHOR	AUTHORIZED REPRESENTATIVE					
						© 19	88-2014 AC	ORD CORPO	DRATION. AI	l rights reserved.	

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

1001486 132849.9 02-04-2014