Client#: 122492

SKILLCOR

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

3/08/2016

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	CONTACT Julia Hoskins				
Pillar Group Risk Mgmt	PHONE (A/C, No, Ext): 317 853-3588 FAX (A/C, No): 317 853-3589				
A division of Dimond Bros.	E-MAIL ADDRESS: jhoskins@pillargrp.com				
11708 North College Avenue	INSURER(S) AFFORDING COVERAGE	NAIC#			
Carmel, IN 46032	INSURER A: Amerisure Mutual Insurance Co	19488			
INSURED	INSURER B: Amerisure Insurance Co	23396			
The Skillman Corporation	INSURER C:				
3834 S. Emerson Avenue	INSURER D:				
Indianapolis, IN 46203	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUMB				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELO	W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR TH	IE POLICY PERIOD			

			///	OUNCK F :				
		TIFICATE				REVISION NUMBERO		
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 RESELECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT OF 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		POLICY EFF (MM/DD/YYYY)		#IMITS		
Α	X COMMERCIAL GENERAL LIABILITY		CPP1317090		04/01/2017	EACH OCCURRENCE (\$1,000,000)		
. ,	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000		
				Ì		MED EXP (Any one person) \$10,000		
						PERSONAL & ADV INJURY \$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$2,000,000		
	POLICY X PRO- JECT LOC		Docume	ent 1s		PRODUCTS - COMPIOP AGG \$2,000,000		
	OTHER:					S 5		
В	AUTOMOBILE LIABILITY		CA1317089 H' H'	04/01/2016	04/01/2017	COMBINED SING FLIMIT \$1,000,000		
	X ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per personal \$		
	AUTOS AUTOS NON-OWNED	l'his l	Document is th	ie prope	rty of	BODILY INJURY (Ber accident) \$		
	X HIRED AUTOS X NON-OWNED AUTOS	th	e Lake County	Record	erl	PROPERTY DAMAGE S (Per accident)		
	24 1117 25 1 24 1					S S S S S S S S S S S S S S S S S S S		
A	X UMBRELLA LIAB X OCCUR		CU1329245	04/01/2016	04/01/2017	EACH OCCURBENCE \$10,000,000		
	CLAIIVIO-IVIADE					AGGREGATE 20\$10,000,000		
┢	DED X RETENTION \$0 WORKERS COMPENSATION		11104047004	24/24/2242	04/04/004	PER OTEN		
В	AND EMPLOYERS' LIABILITY		WC1317091	04/01/2016	04/01/2017	X STATUTE OTEN		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT \$1,000,000		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$1,000,000		
_			1882074F0C	04/04/0040	0.4/0.4/0.047	E.L. DISEASE - POLICY LIMIT \$1,000,000		
A	Leased/Rented		IM2074506	04/01/2016	04/01/2017	\$200,000 Item/Occ		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	1101 Additional Paragia School to	may be attached if m	pre enace le regi	thened		
RE	: General Contractor		Tiok.	(SE)	ore shace is redu			
				THE STATE OF THE S	<i>x</i> ./	-/06		
				6	8/1	9.00		
			JEAL.	* <i>\$</i>		CASA		
MO LIVA OLA								
CERTIFICATE HOLDER CANCELLATION								
	<u> </u>							
	Lake County Planning C	Commissi	on-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
Planning & Building Department				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
2293 North Main Street			ACCORDANCE V	nin inc FC	PLIOI FIVORIGIONS,			
			AUTHORIZED REPRESENTATIVE					
				De Odm				

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01) 1 of 1 #S317250/M316733

The ACORD name and logo are registered marks of ACORD

EALEX