

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/07/2016

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 have ADDITIONAL INSURED provisions or 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 CHIPPED INCHEANOE CERVICES LLC	CONTACT MARI SHIRER	100	
SHIRER INSURANCE SERVICES, LLC 400 N. MAIN STREET	PHONE (A/C, No. Ext): 219-663-7274	(AIC, No):	
PO BOX 416	E-MAIL ADDRESS:	***************************************	
CROWN POINT IN 46307	INSURER(S) AFFORDING COVERA	uge 🕥	NAIC#
S. COUNTY OUT IN 1888	INSURERA: PROPERTY OWNERS INS. CO		32905
INSURED	INSURER B: AUTO-OWNERS INS. CO		18988
INDIANA SPRAY FOAM, LLC			10000
17958 GRANT STREET	INSURER C:		
LOWELL IN 46356	INSURER D:		
f \	INSURER E:		
000000000000000000000000000000000000000	INSURER F:		Ĺ
COVERAGES CERTIFICATE NUMBER:		NUMBER:	100
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 KISURANCE 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 SUER INSD WAYD FOLICY NUMBER 1	POLICY EFF POLICY EXP	LIMITS	
A COMMERCIAL GENERAL LIABILITY 109857479	8/1/2016 8/1/2017 FACH OCCU	RENCE S	1,000,000
CLAMS-MADE OCCUR	DAMAGE (C)	RENTED -\$	100,000
CLAMS-MADE OCCUR This Document is	MED EXP (An	yone person \$ 5	5,000
the Lake Cour	nty Recorder! PERSONAL	ADVINIRY 3	
GENL AGGREGATE LIMIT APPLIES PER:			2,000,000
POLICY PRO- LOC		COMP/OP AGG \$ 2	
		COMPIOP AGG	
A AUTOMOBILE LIABILITY 4735717900	9/1/2016 9/1/2017 COMBINEDS	NGEE LIMIT	
✓ ANY AUTO	(Ea accident)		1,000,000
OWNED SCHEDULED		Marine L. And Leaves	
AUTOS ONLY AUTOS HIRED NON-OWNED	PROPERTY	ALTACE .	
AUTOS ONLY AUTOS ONLY	(Per accident))	
17 000044 00		\$	
A UMBRELIA LIAB OCCUR 46-906911-00	8/1/2016 8/1/2017 EACH OCCU	RRENCE \$	1,000,000
EXCESS LIAB CLAMS-MADE	AGGREGATE	\$	
DED RETENTION \$	20,8	\$	
B WORKERS COMPENSATION 09060926	8/1/2016 8/1/2017 PER STATUT	TE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	EL. EACH AC	CCIDENT \$	500,000
(Mandatory in NH)	E.L. DISEASE	- EA EMPLOYEE \$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below	AL. DISEASE	- POLICY LIMIT \$	500,000
William William	ANA JUST		4
	AHAMI		\$ 17
			410
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
SPRAY FOAM INSULATION CONTRACTOR			
NOV ()			
, ,			
rong Cx			
CERTIFICATE HOLDER	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.			
LAKE COUNTY PLAN COMMISSION 2293 N MAIN STREET			
CROWN POINT, IN 46207			* 4.
Mari Shirer			