



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2016

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).

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| PRODUCER John Michael Lytell 48 W MAIN ST STE C NEW PALESTINE, IN 46163 (317) 861-0057 (096/554) | CONTACT NAME: John Michael Lytell PHONE A/C No. Ext: (317) 861-0057 E-MAIL ADDRESS: jlytell@amfam.com | FAX (A/C No.): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Elisha Sandifer/ DBA Expert Style 1248 Center Ross Rd. Crown Point, IN 46307 | INSURER A: American Family Mutual Insurance Company | NAIC # 19275 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

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| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: |
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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 INSR | SUBR WVD | POLICY NO | POLY EFF (MM/DD/YYYY) | POLY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|-----------|-----------------------|-----------------------|---|---|
| | AUTOMOBILE LIABILITY | | | | | | | |
| | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | | | | | | EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) 1,000,000 MED EXP (Per one person) 5,000 PERSONAL ADV INJURY 2,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS COMP/OP AGG 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ 50,000 E.L. DISEASE - EA EMPLOYEE \$ 50,000 E.L. DISEASE - POLICY LIMIT \$ 50,000 | |
| | Y/N N/A | | | | | | | |

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

at 12:02 PM 8/12/16
NON-COM

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| CERTIFICATE HOLDER City Of Hobart 414 Main St. Hobart, IN 46342 The Board Of The County Of Lakes, State Of Indiana, and all cities, towns, and municipalities within. | 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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