

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/1/2016

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 NOVED, 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<br>Lamb, Little & Co                 |         | CONTACT Lynn Cole PHONE (AIC, No, Ext): 847-398-7060 | FAX [AIC, No]: 847-398-7077 |       |  |  |
|---|---------|--|-----------------------------|-------|--|--|
| 1101 Perimeter Drive<br>Suite 500             |         | E-MAIL<br>ADDRESS: Icole@lamblittle.com              |                             |       |  |  |
| Schaumburg IL 60173                           |         | INSURER(S) AFFORDING COVERAGE                        | <u> </u>                    | NAIC# |  |  |
| <u>د ک</u>                                    |         | INSURER A : Selective Ins Co. of America             | S                           | 12572 |  |  |
| INSURED                                       | COUNT-5 | INSURER B : Accident Fund Ins Co of Amer             | စ                           | 10166 |  |  |
| The Countertop Factory                        |         | INSURER C:   | INSURER C:                  |       |  |  |
| Midwest, Inc                                  |         | INSURER D:   | N                           |       |  |  |
| 869 S. Route 53-Unit G<br>Addison IL 60101: 3 |         | INSURER E :  |                             |       |  |  |
|   |         | INCLIDED E -   |                             |       |  |  |

|   |  | RAGES CEF                                      | TIFICATE NUMBER: 1566269055  |                       |                                   | REVISION NUMBER:           |                           |                                |                       |  |  |
|---|--|--|------------------------------|-----------------------|-----------------------------------|----------------------------|---------------------------|--------------------------------|-----------------------|--|--|
| IN<br>Ci  | THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST OF SELECTIVE THE ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAM, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES NIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |                              |                       |                                   |                            |                           |                                |                       |  |  |
| INSR<br>LTR   |  | TYPE OF INSURANCE                              | INSD WVD                     | POL                   | ICY NUMBER                        | POLICY EFF<br>(MM/DD/YYYY) | PORCY EXP<br>(MM/DD/YYYY) | <u> </u>                       |                       |  |  |
| Α   | х  | COMMERCIAL GENERAL LIABILITY                   | This                         | \$198781 <del>5</del> | ment is the                       | 7/1/2016 10 4              | 7/1/2017of                | EACH OCCURRENCE                | s Lobococo            |  |  |
| }   |  | CLAIMS-MADE X OCCUR                            |                              | _                     |                                   |                            |                           | PREMISES (Ea occurrence)       | \$100,000             |  |  |
| Į.  |  |  |                              | ne Lak                | e Lake County l                   | xecora                     | er!                       | MED EXP (Any one person)       | \$10 000              |  |  |
| 1   |  | ., .   |                              |                       |                                   |                            |                           | PERSONAL & ADV INJURY          | \$1,00 <u>0.</u> 00g: |  |  |
|   | GEN  | N'L AGGREGATE LIMIT APPLIES PER:               |                              |                       |                                   |                            |                           | GENERAL ASSREGATE              | \$2,000,000           |  |  |
|   |  | POLICY X PRO-                                  |                              |                       |                                   |                            |                           | PRODUCTS - COMP/OPLAGG         | \$2,000,000           |  |  |
|   |  | OTHER:   |                              |                       |                                   |                            |                           |                                | \$27 \\\ \frac{2}{2}  |  |  |
| Α   | AUT  | OMOBILE LIABILITY                              |                              | S1987815              |                                   | 7/1/2016                   | 7/1/2017                  | COMBINED SINGLE LIMIT.         | \$1,000,000           |  |  |
|   | Х  | X ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED |                              |                       |                                   |                            |                           | BODILY INJURY (Per person)     | \$                    |  |  |
| 1   |  |  |                              |                       |                                   |                            |                           | BODILY INJURY (Per accident    | \$                    |  |  |
| ļ   |  | HIRED AUTOS NON-OWNED AUTOS                    |                              |                       | PROPERTY DAMAGE<br>(Per accident) |                            |                           | \$                             |                       |  |  |
|   |  |  |                              |                       |                                   |                            |                           |                                | \$                    |  |  |
| Α   | X  | UMBRELLA LIAB X OCCUR                          |                              | S1987815              | TOTAL RICE                        | 7/1/2016                   | 7/1/2017                  | EACH OCCURRENCE                | \$5,000,000           |  |  |
|   |  | EXCESS LIAB CLAIMS-MADE                        | )E                           |                       | STORD THE OF                      |                            |                           | AGGREGATE                      | \$5,000,000           |  |  |
|   |  | DED RETENTION\$                                |                              |                       |                                   | 6                          |                           |                                | \$                    |  |  |
| В   |  | RKERS COMPENSATION<br>DEMPLOYERS' LIABILITY    |                              | WCS7500306            |                                   | 7/1/2016                   | 7/1/2017                  | PER OTH-<br>STATU <b>TE</b> ER |                       |  |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE  |  |  | N/A                          | EAL WOIANA            | iggi <sup>a</sup>                 |                            | E.L. EACH ACCIDENT        | \$1,000,000                    |                       |  |  |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |  | 1  | E.L. DISEASE - EA EMPLOYE    |                       |                                   |                            | £ \$1,000,000             |                                |                       |  |  |
|   |  |  | E.L., DISEASE - POLICY LIMIT |                       |                                   |                            | \$1,000,000               |                                |                       |  |  |
| 1   | 1  |  |                              |                       | - Communication                   |                            |                           |                                | ٠                     |  |  |
| 1   |  |  |                              |                       |                                   |                            |                           |                                |                       |  |  |
| <u> </u>  |  |  |                              |                       | <del> </del>                      |                            |                           |                                |                       |  |  |
| I DES   | CDID   | TION OF OPERATIONS / LOCATIONS / VEHIC         | HEE MACOR                    | 104 Additional        | Domaska Sahadula, may k           | a attached if man          | ro enace le recul         | rod)                           |                       |  |  |

RE: Countertop Fabrication and Installation

**CERTIFICATE HOLDER** 

CANCELLATION

Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307

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

non

\$1200

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