

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/22/2016

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 of 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). CONTACT Michele Tarnow PRODUCER Sievers Insurance Agency FAX (A/C, No): (219) 465-7014 PHONE (A/C, No, Ext); E-MAIL ci (219) 462-2196 206 E. Lincolnway sievers2.insurance@frontier.com Valparaiso, IN 46383 ADDRESS: INSURER(S) AFFORDING COVERAGE CI NAIC# PROPERTY-OWNERS INS CO 32905 INSURER A: ഠ **AUTO OWNERS INSURANCE CO** Greentree Environmental Services, Inc. 18988 INSURED P.O. Box 2297 (D INSURER C Portage, IN 46368-5797 INSURER D : INSURER E: INSURER F **COVERAGES** CERTIFICATE NUMBER: **REVISION NUMBER:** SUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD NAMED TO THE POLICY PERIOD WHICH THIS POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, JCED BY PAID CLAIMS.

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THE TERMS, JCED BY PAID CLAIMS. THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM INDICATED. NO I WITHS LANDING AIR TO THE INSURA CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURA EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW INSR LTR ADDL SUBR CIMITS: TYPE OF INSURANCE WVD 1,10 **COMMERCIAL GENERAL LIABILITY** his087603c0966676411t is the07/01/6916e07/01/2018 DAMAGE ID RENTED CO 1,000,000 - F 50.000 CLAIMS-MADE √ occur \$,. the Lake County Recorder! 5.000 \$ one person 1,000,000 PERSONAL BADV INJURY AGGREGATE E 2,000,000 rs 📜 C GEN'L AGGREGATE LIMIT APPLIES PER: 2.000.000 POLICY PRODUCTS - COMPIOR ACC 37 OTHER: D SINGLE LIMIT Α 4766676400 07/01/2016 07/01/2017 Ś 1,000,000 **AUTOMÓBILE LIABILITY** cident) ANY AUTO BODILY INJURY (Per person) s OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ AUTOS ONLY s **UMBRELLA LIAB** 47-666-764-01 07/01/2016 |07/01/2017 1,000,000 EACH OCCURRENCE OCCUR S 1.000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE s RETENTION \$ 0 DED WORKERS COMPENSATION 09023007 07/01/2016 07/01/2017 V I STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 500,000 E.L. EACH ACCIDENT \$ 500,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE s If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT В License/Permit Bond 66083377 05/14/2016 05/14/2017 \$15,000 City of Laporte 06/08/2017 66085775 R License/Permit Bond 06/08/2018 Lake County \$5,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ENVIRONMENTAL SERVICES CERTIFICATE HOLDER CANCELLATION Fax #: (219) 755-3712 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN LAKE COUNTY PLAN COMMISSION ACCORDANCE WITH THE POLICY PROVISIONS. 2293 N. MAIN STREET CROWN POINT, IN 46307 **AUTHORIZED REPRESENTATIVE**

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