



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/16/2016

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 Surplus Insurance Brokers P. O. Box 749 South Bend IN 46624-0749	CONTACT *** NAME: PHONE: (A/C, No, Ext): E-MAIL: ADDRESS:	INSURER(S) AFFORDING COVERAGE INSURER A: SCOTTSDALE INS. CO. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FA# (A/C No.) 57203	NAIC # 41297
	INSURED D&D SIGNS DAVE MCADAMS DBA P.O. BOX 10095 TERRE HAUTE IN 47807			

COVERAGES CERTIFICATE NUMBER: 00082090 REVISION NUMBER: 00082446

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. THIS DOCUMENT HAS BEEN RECORDED BY THE LAKE COUNTY RECORDER.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD / Y/N	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	UNITS	AMOUNT
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		CPS2466685	8/20/2016	8/23/2017	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES	\$ 100,000
						MED EXP (Any Person)	\$ 5,000
						PERSONAL AND ADJ INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS-COMP AGG	\$ 2,000,000
						COMBINED SINGLE LIMIT (EA accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
						PER STATUTE	\$
						OTH-ER	\$
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SIGN ERECTION INSTALLATION OR REPAIR.

CERTIFICATE HOLDER LAKE COUNTY PLAN COMMISSION 2293 N. MAIN ST. CROWN POINT IN 46307	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 <i>Sean [Signature]</i>
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2016-057203
\$12.00
non com cash JAS