

## CERTIFICATE OF LIABILITY INSURANCE

**GARDE-2** 

OP ID: DN

1,000,000

1,000,000

1,000,000

100.000

100,000

500,000

DATE (MM/DD/YYYY) 08/22/2016

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 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 MCCIone - Fond du Lac 885 Western Avenue Suite 100 Fond du Lac, WI 54935-3874 Patrick McClone		CONTACT Diane McClone, CISR				
		PHONE (A/C, No, Ext): 920-929-8243		FAX (A/C, No): 920-921-6142		
		E-MAIL ADDRESS: diane.mcclone@mcclone.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A : Society Insurance			15261	
INSURED	GARDEN GETAWAY GAZEBO'S INC. 1234 W Scott St Fond du Lac, WI 54937	INSURER B:	Consultation (1)	w		
		INSURER C :	4,000	7 4 5 A		1
		INSURER D :	## ## ### ############################	) the		
		INSURER E :	G	Sala -		è
		INSURER F :				
COVERAG	GES CERTIFICATE NUMBER:	•	DEVISION NUMBER	ČD.		

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOUT OR 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. CT. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE ADDL SUBR LIMITS POLICY NUMBER 01/01/2016 01/01/2017 DAMAGE TO RENTED PREMISES (Ea occurrence GENERAL LIABILITY 1,000,000 X COMMERCIAL GENERAL LIABILITY FPP 457810 100,000 CLAIMS-MARE X OCCUR 5.000 MED EXP (Any one person) 1,000,000 S PERSONAL & ADV.INJURY 2,000,000  $\infty$ GENERAL AGGREGATE ocument is GEN'L AGGREGATE LIMPAPPLIES PER 2,000,000 COMPAND AGG \$

POLICY X PRO-3 AUTOMOBILE LIABILITY 01/01/2017 ANY AUTO PRY (Per SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS This Document is the property of Χ Χ HIRED AUTOS the Lake County Recorder! W X UMBRELLA LIAB EACH OCCURRENCE \$. OCCUR EXCESS LIAB UXL 460592 01/01/2016 01/01/2017 Α DED X RETENTIONS 10000 WORKERS COMPENSATION AND EMPLOYERS, LIABILITY TK WC 403517 01/01/2016 01/01/2017 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT

> OFFICERE EXCLUDED RICHARD/BARB SALM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Addit

(More space is required)

**CERTIFICATE HOLDER** 

If yes, describe under DESCRIPTION OF OPERATIONS below:

ANDRE HELTON 217 BUCKINGHAM LANE SCHERERVILLE, IN 46375 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 Patrick McClone

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E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

ACORD 25 (2010/05)

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