CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
American Family Mutual Insurance Company if selection box is not checked.

6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address Deady Roofing & Construction, Inc. 1275 Barbara Court Crete, IL 60417 Agent's Name, Address and Phone Number (Agt/Dist.) Richard J Michalowicz 13159 W 143rd St Ste 100 Homer Glen, IL 60491

(708) 301-9090 (103/822)
This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
This certificate does not amend, extend or after the coverage afforded by the policies listed below.

document with respect to which this certific	sted below have been issued to the insure ate may be issued or may negate the inc	ed named above for II	he policy period indica ne policies described h	ted, notwithstanding any requirer arein is subject to all the terms, e	ment, term or condition	n of any contract or other
TYPE OF INSURANCE	POLICY NUMBER	POLI	CY DATE	LIMITS OF LIABILITY		
Homeowners/		EFFECTIVE (Mc, Day, Yr)	(Mo, Day, Yr)	Bodily Injury and Property Dan	nace N	
Mobilehomeowners Liability				Each Occurrence		,00,
				Bodily Injury and Property Dan		
Boatowners Liability				Each Occurrence		,00
Personal Umbrella Liability				Bodily Injury and Property Dan		
				Each Occurrence	Q	00,
Farm/Ranch Liability				Farm Liability & Personal Liabl	•	
	1	ì		Each Occurrence		.00
	i		1	Farm Employer's Liability	9	00
				Each Occurrence Statutory		00,
Workers Compensation and				Each Accident	<u>s</u>	500.00
Employers Liability †	12XB6987-92	05/01/2016	05/01/2017	Disease - Each Employee		500,00
		ocum	ent is	Disease - Policy Limit	- 5	500.00
General Liability	/			General Aggregate	\$	4,000,00
Commercial General	NOT			Products - Completed Operation	ons Aggregate \$	4,000,00
Liability (occurrence)	1271/6602 01	05/01/2016	05/01/2017	Personal and Advertising Injury		2,000,000
	12XH6692-01 Docus	ment is t	the prop	Gird Ocon Que	= =	2,000,00
	the Lab	Count	Pooper	Damage to Premises Rented to	0 YOU 335	5100,00
	the Lak	e Count	y Record	Damage to Premises Rented to Medical Expense (Any One Pa		5,00
Businessowners Liability				Each Occurrence	င္ကုိ ယံ	.00
				Aggregate†	2007	70 .00
Liquor Liability				Common Cause Limit Aggregate Limit	PANZ DER	.00
Automobile Liability				Bodily Injury - Each Person	O NS	1,000,00
☐ Any Auto					-	20
☑ All Owned Autos				Bodily Injury - Each Accident	2 US	1,000,00
Scheduled Autos	12XB6987-05	05/01/2016	05/01/2017	Property Damage	\$	1,000,00
☐ Hired Auto		\bot				
☐ Nonowned Autos		THE PARTY OF THE P	Tibe.	Bodily Injury and Property Den	age Combined \$,00,
Excess Liability		ALCO ERC	0.3			
Commercial Blanket Excess			THE STATE OF THE S		•	00:
Commercial pianter excess				Each Occurrence/Aggregate	•	.00,
Other (Miscellaneous Coverag	es)					
DESCRIPTION OF OPERATIONS / LOCA	TIONS / VEHICLES / RESTRICTIONS / S	PECOL ITEMS	A surriv		♣The individual or no	artage Uses
Roofing Contractor			mi		The individual or pa shown as insured a	elected to
			/			this policy. 🔛 Have not d Operations aggregate
				•	is equal to each occ	currence limit and is
					i-cluded in policy a	ggregate.
CERTIFICATE HOL	DER'S NAME AND ADDRESS	S		CANCELLA		
Lake County Indiana				the above described policies		
All Cities and Towns within Lake County			thereof, the company will endeavor to mail "(days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind			
2293 N. Main St.	MILLINI LANG COUNTY		upon the company. I shown.	is agents or representatives.	*10 days unless dif	Terent number of days
	12~		This certifies co	verage on the date of issue		
Crown Point, IN 4630	77 N W C			to cancellation in conformity with their terms and by the laws of the state of issue.		
N		1100	DATE ISSUED 07/25/2016 AUTHORIZED REPRESENTATIVE Rick Michalowicz		ATIVE	
	7° ()	\	17/25/2016	Diet.	Michalaudaa	