

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2016

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(les) 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 Rita Briggs イングニヤ くかいかんきょう Jackson, Dieken & Associates PHONE (A/C, No. Ext): 440-250-6873 FAX (A/C, 1440-250-6874 27893 Clemens Rd E-MAIL ADDRESS: rbriggs@jacksondieken.com Westlake OH 44145-1169 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Zurich-American Insurance Co. 16535 STEVF-4 INSURED INSURER B: American Guarantee&Liability 26247 Stevens Engineers & Constructors, Inc. INSURER C: 7850 Freeway Circle #100 INSURER D : Middleburg Heights OH 44130 INSURER E INSURER E CERTIFICATE NUMBER: 56691840 **COVERAGES** REVISION NUMBER:--THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ACTOR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ICLES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURAN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMES SHOW BY PAID CLAIMS ADDLISUBRI INSP WVD TYPE OF INSURANCE LIMITS Chis Document is the property DAMAGE TO RENTER COMMERCIAL GENERAL LIABILITY Α Х \$2,000,000 TO RENTED CLAIMS-MADE X OCCUR \$300,000 SES (Ea occurrence) the Lake County Recorder! MED EXP (Any one person) \$10,000 \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER EGATE \$4,000,000 TOO ME!OP AGE \$4,000,000 POLICY X PRO- X LOC 370 OTHER: 1 5 AUTOMOBILE LIABILITY 6/1/2016 6/1/2017 \$2,000,000 ... BAP654267607 BODILY INJUNITIES BEPACIDENT S

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PROPERTY DAM SE
(Per accident) X ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED Х HIRED AUTOS Х AUTOS U s В LIMBRELLALIAR AUC 534647211 6/1/2016 6/1/2017 OCCUR \$5,000,000 EACH OCCURRENCE Х **EXCESS LIAB** CLAIMS-MADE \$5,000,000 AGGREGATE DED X RETENTION \$0 WORKERS COMPENSATION WC386592213 6/1/2017 & OH Stop Gap STATUTE AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) General Contractor

CERTIFICATE HOLDER

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