

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2016

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). CONTACT DAN DITOLA AGENT

PRO	DUCER STATE FARM INSURANCE	CONTACT NAME: DAN DITOLA AGENT
	2449 45TH STREET	PHONE (AIC, No. Ext): 2199249999 FAX (AIC, No.): 2199240242
StateFarm HIGHLAND, INDIANA 46322		E-MAIL ADDRESS: VICKI.ONG.NI0H@STATEFARM.COM
Side HIGHLAND, INDIANA 40322		INSURER(S) AFFORDING COVERAGE NAIC #
(INSURER A : State Farm Fire and Casualty Company 25143
INSU	RED MCCLYMONT CONSTRUCTION CO. LLC	INSURER B:
	3725 W 105TH STREET	INSURER C:
		INSURER D:
	CROWN POINT, INDIANA 46307	INSURER E:
	·	INSURER F:
COVERAGES CERTIFICATE NUMBÉR: REVISION NUMBÉR:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE HISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD		
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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.		
INSR ADDL/SUBRU		
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	CLAIMS-MADE COUR THE LAKE COU	nty Recorder! MED EXP (Any one person) s 5,000
		PERSONAL & ADV INJURY \$ 2,000,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS COMP/OP/AGG \$ 2,000,000
	POLICY PRO- JECT LOC	S SINGLE LINAT
	AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT, (Ea accident) \$
	ANY AUTO ALL OWNED SCHEDULED	BODILY INJURY (Per person): \$
	AUTOS NON-OWNED	BODILY INJURY (Per accident)
	HIRED AUTOS AUTOS	PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
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	EXCESS LIAB CLAIMS-MADE	AGGREGATE TO S
<u> </u>	DED RETENTION\$	0 4s 7C
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 94-FG-3722-0	11/25/2016 11/25/2017 WC STATE OTH- TORY LIMITS FOR TO CO-
	ANY PROPRIETOR/PARTNER/EXECUTIVE	EL EACH ACCIDENT
	(Mandatory in NH)	EL DISEASE - EA EMPLOYIE S 5500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	ELL DISEASE-POLIGIFILIMIT 500,000
	BOND - 94-G6-2771-6	Allega
		120112017
·		5000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)		
GENERAL CONTRACTOR		
#12 AO ~~		
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1		\$12.00 CAS
1/1/ -		
CERTIFICATE HOLDER CANCELLATION		
Lake County Plan Commission SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE		
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		

ACORD 25 (2010/05)

2293 North Main Street Crown Point, IN 46307

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VICKI A. ONG CI-VICKI A. ONG, CI-STATE FARM, CHI-STAFF, CILL-STAFF, CILL-STAFF

AUTHORIZED REPRESENTATIVE