ACORD*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/17/2017

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 | noider in neu or such end | aorsement(s). | | CONTACT Alicela Dut | inatan | | | |
|---|---------------------------|---------------|---|----------------------------|------------|--|------------------|--|
| Jeff Tucker | | | CONTACT Nicole Bullington PHONE (A/C. No. Ext): 219-924-8800 | | FAX | 210 024 F00F | | |
| State Farm Insurance Company | | | PHONE (A/C, No, Ext): 219-924-8800 FAX (A/C, No): 219-924-5095 E-MAIL ADDRESS: nicole@tuckerismyagent.com | | | | | |
| 512 Ridge Road | | | | | | | | |
| Munster IN 46321 | | | INSURER A : State Farm Fire and Casualty Company | | | NAIC # | | |
| INSURED Brueck, Daniel | | | | | | 25145 | | |
| Brueck Construction, LLC | | | INSURER B: | | | 5 | | |
| 13524 Calument Ave | | | INSURER C: | | | | | |
| Cedar Lake, IN 463036 | | | INSURER D: | | | | | |
| Cedal Lake, IN 403030 | | | INSURER E: | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | INSURER F: | | | | |
| | | | | WE DEEN ISSUED TO | | REVISION NUMBERS | | |
| 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | | | | | | | |
| INSR LTR | TYPE OF INSURANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP | ي ا | • | |
| | MERCIAL GENERAL LIABILITY | INSD WVD | 94-FG-1236-2 | 05/04/1994 | 05/04/2017 | EACH OCCURRENCE | \$ 500,000 | |
| | CLAIMS-MADE X OCCUR | | 54-1 6-1250-2 | 03/0-4/1334 | 03/04/2017 | DAMAGE TO RENTED PREMISES (Ea occurrence) | 400 000 | |
| l | | _ | | | | MED EXP (Any one person) | \$ 5,000 | |
| | | | | | | PERSONAL & ADV INJURY | s 100,000 | |
| GEN'L AGG | REGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | 1,000,000 | |
| POLIC | Y PRO- JECT LOC | | Docur | nent is | | PRODUCTS - COMPTE AGO | 1,000,000 | |
| OTHE | | | Docum | | | ਨ | 7 - 7 | |
| AUTOMOBI | ILE LIABILITY | | NOT OF | FICIA | TI | (Ea accident) | を 日本語 | |
| ANY A | | | 101 01 | LICIA | | BODILY INJURY (Porpuerson) | Is minic. | |
| ALL O | S SCHEDULED AUTOS | This | Document i | is the prop | erty of | BODILY INJURY CO acciden | | |
| HIRED | S AUTOS NON-OWNED AUTOS | | | | • | PROPERTY DAMAGE (Per accident) | 2 REE | |
| | | 1. | he Lake Cou | nty Recor | der! | <u>m</u> = | | |
| | OCCUR | | | | | EACH OCCURRENCE | No Conce | |
| EXCES | SS LIAB CLAIMS-MA | ADE | | | | AGGREGATE | | |
| DED RETENTION \$ WORKERS COMPENSATION PER OTH- | | | | | | | | |
| AND EMPLOYERS' LIABILITY | | | | | | | . ! | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT \$ | | | s · | |
| (Mandatory in NH) If yes, describe under | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | |
| DÉSCRIPTIO | ON OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | s | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks \$2 ks take, may be structed if more space is required) scope of work- General Contractor | | | | | | | | |
| MICH SIMILARIA | | | | | | | | |
| | ~ | | | 140 | a 0 | | | |
| | | | | | | M 12. | | |
| | | | E ON | Alare SS | | - $ -$ | ` (_A | |
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| 0555555 | | | | muur | | | 1 | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | |
| Town of Merrillville | | | | | | | | |
| 7820 Broadway SHOULD ANY OF THE ABOVE DESCRIBED PO | | | | | | EREOF. NOTICE WILL | BE DELIVERED IN | |
| Merrilliville, IN 46410 ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | |
| | | | | | | | | |
| AUTHORIZED RÉPRESENTATIVE | | | | | | | | |
| 1 VIII SCO KILVILIKA | | | | | | | | |
| | | | | | | | | |
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