ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/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).

RODUCER

CONTACT Nicole Buillington

Jeff Tucker					PHONE (A/C, No, Ext). 219-924-8800 FAX (A/C, No): 219-924-5095					
State Farm Insurance Company 512 Ridge Road Munster IN 46321			oany		PHONE (A/C, No, Ext): 219-924-8800				A/C, No):219-	924-5095
						E-MAIL ADDRESS: nicole@tuckerismyagent.com				
						INSURER(S) AFFORDING COVERAGE NAIC #				
					INSURER A :State Farm Fire and Casualty Company 25143					
INSURED Brueck, Daniel					INSURER B:					
Brueck Construction, LLC					INSURER C:					
13524 Calument Ave					INSURER D:					
Cedar Lake, IN 463036					INSURER E :					
					INSURE		, <u> </u>		0	
COVERAGE	S CER	RTIFICA	ATE NUN	MBER:	1110011			REVISION NUM	BER	
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 RESCRICT 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.										
LTR TTPE OF INSURANCE		INSD WVD POLICY NUMBER			(MM/DD/YYYY) (MM/DD/YYYY)		LIMITS			
1 ^ /	MERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			94-FG-1236-2		05/04/1994	05/04/2017	DAMAGE TO RENTED PREMISES (Ea occurr	0	500,000 100,000
								MED EXP (Any one pe	erson) \$	5,000
				/				PERSONAL & ADV IN	JURY \$	100,000
GEN'L AGO	GREGATE LIMIT APPLIES PER:	1	/					GENERAL AGGRECA	TE \$	1,000,000
POLIC				Docur	ne	nt is		PRODUCTS - COMP		7+,000,000
	KLE LIABILITY			OTOE		CTA		COMBINED SINGLET	IMIT . S	TOTAL
ANY			17	OT OF		CIA		1	person) \$	95
ALL C	OWNED SCHEDULED		hic D	00111110114	c 41	0 11100	Outre C	BODILY INJURATE		25
AUTO	NON-OWNED/			ocument i			•	The same of the sa	acoldenina	1 4Em
HIRE	DAUTOS		the	Lake Cou	ntv	Record	der!	PROPERTY DAMAGE (Per accident)	2 775	8
118450	DELLA LIAD								\$ 1.75	70
	RELLA LIAB OCCUR							EACH OCCURRENCE	F \$	<u> </u>
EXCE	SS LIAB CLAIMS-MADE							AGGREGATE		
DED	RETENTION \$								\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								PER STATUTE	OTH- ER	
ANY PROPE	RIETOR/PARTNER/EXECUTIVE EMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
(Mandatory	in NH)							E.L. DISEASE - EA EM	PLOYEE \$	
if yes, descr DESCRIPTI	ON OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT \$	
										_
									1	10
				THE	Die				/ IX	$V \setminus A$
DESCRIPTION OF	FOPERATIONS / LOCATIONS VEHIC	LES (AC	ORD 101, Ad	ditional Remarks Schedu	le) may b	edicched if more	e space is requir	ed)	C 113	
scope of work- General Contractor \$ 13.00 No.e										
				ELLIN IND	IANA	uning			M	2
CERTIFICAT	E HOLDER				CANG	PELLATION:	/			
CERTIFICATE HOLDER CANCELLATION										
Lake County Plan Commission Planning & Building Department 2293 N. Main Street 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					
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