



# 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**  
Eugene F Sarkey Insurance Agency, Inc  
9467 Joliet St  
St John, IN 46373

**INSURED**  
Sulek Concrete Construction, Inc  
2038 Dogwood Trail Apt 1B  
Merrillville, IN 46410

**CONTACT NAME:** Gene Sarkey  
**PHONE (A/C, No, Ext):** 219-365-3550  
**E-MAIL ADDRESS:** genesarkey@sbcglobal.net  
**FAX (A/C, No):** 219-365-5169

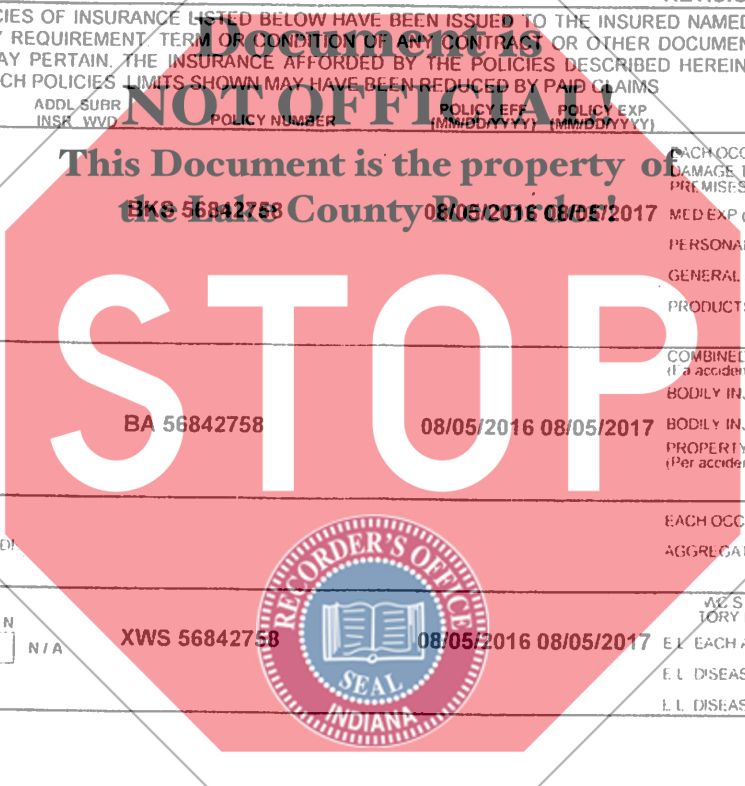
**INSURER(S) AFFORDING COVERAGE** NAIC #

**INSURER A:** Liberty Mutual  
**INSURER B:**  
**INSURER C:**  
**INSURER D:**  
**INSURER E:**  
**INSURER F:**

**COVERAGES** CERTIFICATE NUMBER: REVISION NUMBER:

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT
	<b>GENERAL LIABILITY</b>					
X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$100,000 MED EXP (Any one person) \$100,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/PROP AGG \$2,000,000
A	CLAIMS MADE	X	OCCLIP			
	GEN'L AGGREGATE LIMIT					
X	POLICY					
	<b>AUTOMOBILE LIABILITY</b>					
X	ANY AUTO					COMBINED SINGLE LIMIT (if a accident) \$1,000,000 BODILY INJURY (Per person) \$
A	ALL OWNED AUTOS		BA 56842758	08/05/2016	08/05/2017	BODILY INJURY (Per accident) \$
	HIRE D AUTOS	X				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
A	ANY PROPRIETOR/PARTNER EXECUTIVE/OFFICER MEMBER EXCLUDED? (Mandatory in NH)		XWS 56842758	08/05/2016	08/05/2017	EL EACH ACCIDENT \$100,000 EL DISEASE - EA EMPLOYEE \$100,000 EL DISEASE - POLICY LIMIT \$500,000
	RETENTIONS					



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2016 JAN 18 AM 10:34  
RECORDED  
INDEXED  
OFFICIAL

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Concrete Contractor

**CERTIFICATE HOLDER**  
Lake County Plan Commission  
2293 N Main St  
Crown Point, IN 46307

fx 755-3712

**CANCELLATION**

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**  
Gene Sarkey  
non \$1200  
com  
cash JAS