



# 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 have **ADDITIONAL INSURED** provisions or 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).

<b>PRODUCER</b> Premier Group Llc 829 E Commercial Ave Lowell, IN 46356 Jesse Forrester		219-696-7321	<b>CONTACT NAME:</b> Jesse Forrester <b>PHONE (A/C, No, Ext):</b> 219-696-7321 <b>E-MAIL ADDRESS:</b> Jesse.Forrester@nationwide.com	<b>FAX (A/C, No):</b> 219-696-6038
<b>INSURED</b> Clayton Allen Miller 1148 Donegal Ln Crown Point, IN 46307		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Nationwide</b> NAIC # 23787 INSURER B: <b>CNA Surety</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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	COVERAGE	LIMITS
A	X COMMERCIAL GENERAL LIABILITY			ACPGLO3008046652	01/18/2017	01/18/2018	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE   X   OCCUR	X					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS COMP/OP AGG	\$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
							PER STATUTE	\$
							E L EACH ACCIDENT	\$
							E L DISEASE (EA EMPLOYEE)	\$
							E L DISEASE (POLICY LIMIT)	\$ 5,000

GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC OTHER

**AUTOMOBILE LIABILITY**

ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY

**UMBRELLA LIAB** OCCUR **EXCESS LIAB** CLAIMS-MADE

DED RETENTION \$

**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

**B BOND**



2017 003362  
 MICHAEL BROWN  
 RECORDER  
 2017 JAN 18 AM 10:56  
 Lake County Recorder's Office

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)  
**General Contractor**

<b>CERTIFICATE HOLDER</b>  Lake County Plan Commission 2293 N. Main Crown Point, IN 46307	<b>CANCELLATION</b>  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 Jesse Forrester
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