



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/29/2016

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).

PRODUCER <b>LBS Insurance Group</b> Mike Berke 1.800.909.4799 303 MAIN ST W PO BOX 498 ASHLAND, WI 54806-0498 MICHAEL B BERKE	CONTACT NAME: <b>MICHAEL B BERKE</b> PHONE (A/C, No, Ext): <b>715-682-6197</b> FAX (A/C, No): <b>715-682-6312</b> E-MAIL ADDRESS: <b>mberke@lbsinsurancegroup.com</b>	
	INSURER(S) AFFORDING COVERAGE INSURER A : <b>MIDWEST FAMILY MUTUAL</b> INSURER B : <b>COLONY INSURANCE COMPANY</b> INSURER C : INSURER D : INSURER E : INSURER F :	NAIC #
INSURED <b>KREMER &amp; DAVIS INC</b> <b>Bill Roehrick</b> <b>9385 HOLLY ST NW</b> <b>COON RAPIDS, MN 55433</b>		

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	ADDITIONAL SUBSCRIBER (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	AMOUNTS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		ACMN0560081070	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
B	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	<input checked="" type="checkbox"/> cmmi poll liab		CPL302548	09/01/2016	09/01/2017	MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						
A	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CAMN0560081071	09/01/2016	09/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		CUMN0560081032	09/01/2016	09/01/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
DED <input checked="" type="checkbox"/> RETENTIONS 10000						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	WCIL0560073091	09/01/2016	09/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMIT E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	rented/leasd equip		ACMN0560081070	09/01/2016	09/01/2017	rntd/lsd \$ 100,000
A	XCU		ACMN0560081070	09/01/2016	09/01/2017	XCU \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
scope of work: commercial waterproofing (Wm Roehrick excl under WC)

#40337

<b>CERTIFICATE HOLDER</b>  LAKE COUNTY PLAN COMMISSION LAKE COUNTY INDIANA 2293 N MAIN ST 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 <b>MICHAEL B BERKE</b>
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