CINDYQ

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

ATE (MM/DD/YYYY) 01/18/2017

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.

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). Compass Insurance Partners Peotone Branch PHONE (A/C, No, Ext): (708) 258-6775 FAX (A/C. No): (708) 258-0046 207 N Second St, PO Box 550 E-MAIL ADDRESS: cindyq@givingdirection.com Peotone, IL 60468 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : Acuity 14184 INSURED INSURER B: Donald A Kooy dba JDKOOY, Incorporated INSURER C: 109 W Crawford Street INSURER D Peotone, IL 60468 INSURER E : INSURER F COVERAGES CERTIFICATE NUMBER REVISION NUMBER ONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOVINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDIT INDICATED. NOTWITHSTANDING AND CONTINUE INSURANCE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURE SHOPE CONDITIONS OF SUCH POLICIES. PINITE SHOPE CONTINUES IN THE INSURE SHOPE CONTI S DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, AID CLAIMS. INSR LTR ADDL SUB TYPE OF INSURANCE 1,000,000 his Document is the property of COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE OCCUR 2676 Lake County Rec 371 04/07/2017 CLAIMS-MADE 10.000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 3,000,000 POLICY PRODUCTS - COMP/OF AGG OTHER 500,000 AUTOMOBILE LIABILITY ANY AUTO X67156 04/07/2016 04/07/2017 WRY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY HMBRELLA LIAR OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MARE AGEREGATE **RETENTION \$** DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE X87156 500,000 04/07/2016 04/07/2017 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 500.000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Carpentry Contractor CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lake County Plan Commission 2293 N Main Street Crown Point, IN 46307 AUTHORIZED REPRESENTATIVE

ACOR

Cynthia a Dingley