



CERTIFICATE OF LIABILITY INSURANCE

OP ID: M
2/17/2017

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).

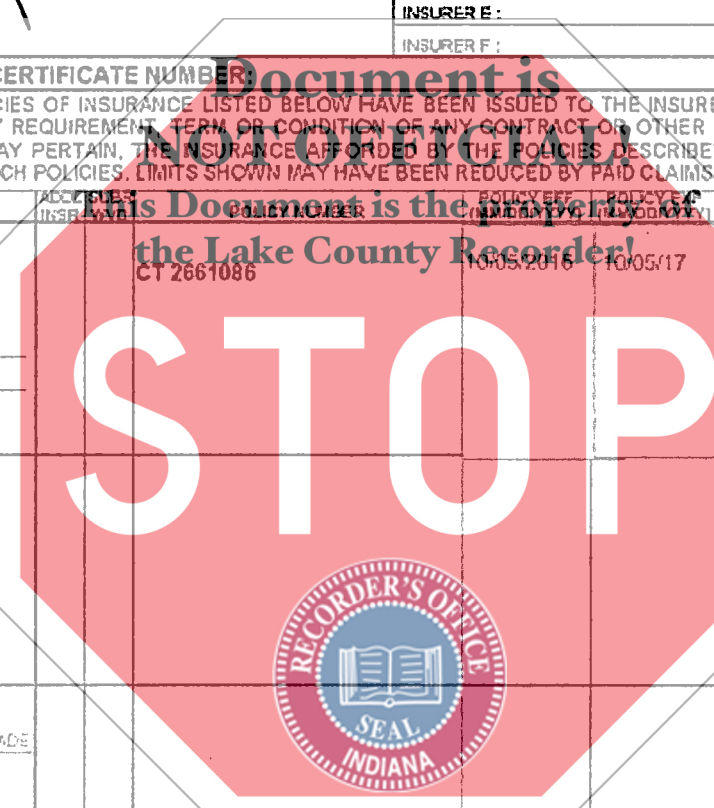
PRODUCER Isu Bekan Insurance Group P O Box 341 Lowell, IN 46356 Larry Hitzeman Cfc		CONTACT NAME: Mike Peterson PHONE (A/C No., Ext): 219-695-3037 E-MAIL ADDRESS: mpeterson@bekan.com PRODUCER CUSTOMER ID #: XPEX-01	
INSURED Xpert Xteriors Inc. 1800 W. 174th Place Lowell, IN 46356		INSURER(S) AFFORDING COVERAGE INSURER A: Grange Insurance INSURER B: Riverport Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 14060 36684	

2017 010821

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 INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EX. DATE	LIMITS	
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC		CT 2661086	10/05/2016	10/05/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MEDICAL EXPENSE \$ 5,000 PERSONAL AUTO INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS/COMPLETED OPERATIONS \$ 2,000,000	
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UNINSURED AUTOMOBILE LIABILITY <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> DECLARABLE <input type="checkbox"/> RETENTION \$					COMBINED SINGLE LIMIT (Each Occurrence) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY						
	<input type="checkbox"/> ANY PROFESSIONAL OFFICERS (Mandatory in NH) <input type="checkbox"/> IF YES, DESCRIBE IN ADDITIONAL DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	13-27995-15281-221291	10/07/16	10/07/17	<input checked="" type="checkbox"/> WC STATUTORY LIMITS EL EACH ACCIDENT \$ 500,000 EL DISEASE - EACH EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING
2017 FEB 17 PM 1:00
MICHAEL BERON
RECORDER

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

2 copy
non conf
ck# \$12
5/6/18
CA

CERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point IN 46307	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 Larry Hitzeman Cfc
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