



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: M1

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: <b>Mike Peterson</b> PHONE (A/C No. Ext): <b>219-695-3037</b> FAX (A/C No.): <b>219-696-6038</b> E-MAIL ADDRESS: <b>mpeterson@bekan.com</b> PRODUCER CUSTOMER ID #: <b>XPEX-01</b>
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Grange Insurance</b> NAIC # <b>14060</b> INSURER B: <b>Riverport Insurance Company</b> <b>36684</b> INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Xpert Xteriors Inc. 1800 W. 174th Place Lowell, IN 46356	

**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	ADVERSE INSR VAIL	POLICY NUMBER	POLICY EFF DATE (MO/DA/YR)	POLICY EXP DATE (MO/DA/YR)	LIMITS
A	GENERAL LIABILITY		CT 2661086	01/01/16	10/05/17	EACH OCCURRENCE: 1,000,000 DAMAGE TO RENTED PREMISES (Pa occurrence): 100,000 MED EXP (Any one person): 5,000 PERSONAL & ADV INJURY: 1,000,000 GENERAL AGGREGATE: 2,000,000 PSYCHOL COVERAGE: 2,000,000
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR					
	GENL AGGREGATE LIMIT APPLIES PER					
	X POLICY					
	AUTO MOBILE LIABILITY					
	AWA TIC					
	AWA UNED AUTOS					
	SCH LLED AUTOS					
	HIR AUTOS					
	NO WED AUTOS					
	UM	LLA LIAB				
	EXC	S LIAB				
	DET	TABLE				
	RET	ITION				
B	WORKER AND EMPLOYERS LIABILITY ANY PARTNER, EXECUTIVE OR OFFICER WHEN EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	13-27995-15281-221291	10/07/16	10/07/17	X (WC STAT) (OFR) (OFR) (OFR) EL EACH ACCIDENT: 500,000 EL DISEASE - EACH EMPLOYEE: 500,000 EL DISEASE - POLICY LIMIT: 500,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Lake County Plan  
Commission  
2293 N. Main St.  
Crown Point IN 46307

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