



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/14/2017

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).

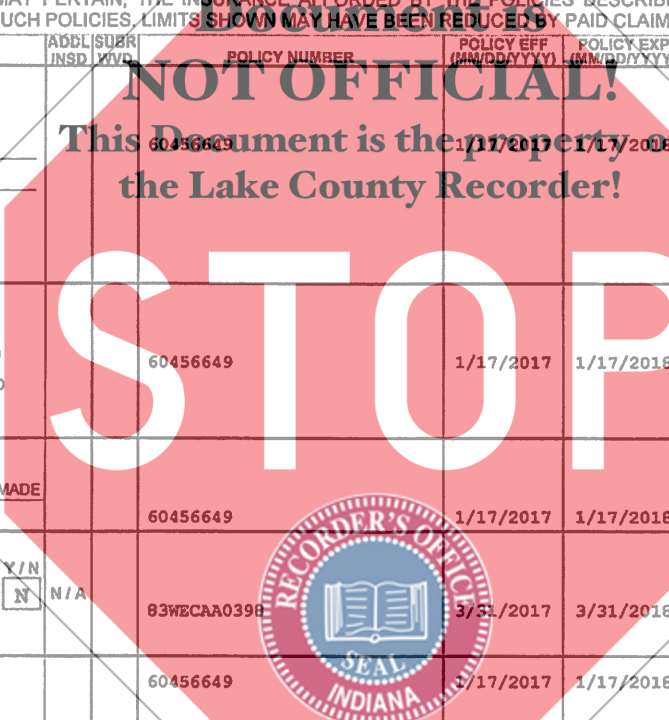
PRODUCER RWC Insurance Group Ray Weidenaar & Co. 7239 W. Laraway Rd. Frankfort IL 60423-7767		CONTACT NAME: Cheryl Kindernay PHONE (A/C No. Ext): (815) 469-6585 E-MAIL ADDRESS:		FAX (A/C No. Ext): (815) 469-6165	
INSURED SLAGER CONCRETE SERVICES INC WHITEOUT SNOW SERVICES 10175 VANS DR FRANKFORT IL 60423-7914		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: United Fire & Casualty Company		13021	
		INSURER B: Hartford Insurance Co. Of IL		38288	
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

201704364

COVERAGES **CERTIFICATE NUMBER: 17-18** **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 SUBR INSD YVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		60456649	1/17/2017	1/17/2018	EACH OCCURRENCE DAMAGE TO RELATED PREMISES (Each occurrence)		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	\$ 1,000,000						
	<input checked="" type="checkbox"/> x, c, u	\$ 100,000						
	<input checked="" type="checkbox"/> Contractual included	\$ 5,000						
GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL AND AUTO INJURY		
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 1,000,000		
OTHER:						GENERAL AGGREGATE		
						\$ 1,000,000		
A	AUTOMOBILE LIABILITY		60456649	1/17/2017	1/17/2018	LIQUOR LIABILITY EXCLUSION		
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Each accident)	\$ 1,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person)	\$ 100,000	
	<input type="checkbox"/> HIRED AUTOS					BODILY INJURY (Per accident)	\$ 100,000	
						PROPERTY DAMAGE (Per accident)		
						\$ 2,000,000		
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	60456649	1/17/2017	1/17/2018	EACH OCCURRENCE		
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				\$ 2,000,000		
	DED	RETENTION \$				\$ 2,000,000		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/> Y/N	83WECAA0398	3/31/2017	3/31/2018	PER STATUTE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N				N/A	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
A	Inland Marine		60456649	1/17/2017	1/17/2018	E.L. DISEASE - POLICY LIMIT		
						\$ 1,000,000		
						Leased/Rented Equipment		
						\$ 100,000		



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER

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

CERTIFICATE HOLDER Lake County Licensing Dept. 2293 North 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 Mark Duncan/CKINDE <i>St. Mark Duncan</i>
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\$25
cash
GP