CERTIFICATE OF INSURANCE							DATE (MM/OD/YY) 06/09/2017		
FROOUGER AND THE NAMED INSURED THUSWORLD BUILDING TRICES and Contractors I Risk Retention Purchasing Group qualified un Federal Law 97-45. 7400 South Union Park Ave., Suite 201 Midwale, UT 84047	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE OF INSURANCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE INSURANCE POLICIES BELOW.								
800-851-8364	INSURERS AFFORDING COVERAGE								
INSURED	INSURER A: NOTICE: Coverage is being provided as part of a Master Group Policy issued to members of the Transworld Building Trades and Contractors Liability Association, Inc.								
Cope Roofing, Corp									
			INSURER C:	a Risk Reter	tion 'Purchasing Group' au of 1986: Federal Law 97-49		d under the R	sk	
1420° Elkhart St.	f		INSURER D:	Leverano.) Vici	OF 1200. Federal Law 97-48	5.			
Crown Point , IN 46307 "LIM			OWN ARE THOSE IN Prime insurance Company						
COVERAGES		EFFECT AS OF F	OLICY INCEPTION"				·		
The policies of insurance listed below have bee	n issued to the	insured names above fi	or the policy indicated. Notwi	thstanding any	requirement, term or condi-		any contract o		
other document with respect to which this certificanding of such policies. Aggregate limits sh	icate may be is: own may have t	sued or may pertain, the been reduced by paid of	insurance afforded by the po aims.	licies describe	d herein is subject to all the	, terris	exclusions a	10	
			POLICY EFFECTIVE POLICY EXPIRATE		TON				
TYPE OF INSURANCE	POL	CY NUMBER	DATE (MINIDDAYY) D	ATE IN MODEY		R. P.			
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	Ö	\$1,000,000.	Ю	
Claims Made	9870	665-17060003	06/08/2017	96/08/2018	FIRE DAMAGE (Any one fire	<u>"</u>	N/A N/A		
Include Products	rkC)				MED EXP (Any one person	Ġ	N/A N/A		
Include Completed Operations		Docu	ment is		PERSONAL ADVINJURY GENERAL AGGREGATE	<u>&</u>	\$1,000,000.		
GEN'L AGGREGATE LIVIT APPLIES PER		Duca	inicate 15		PRODUCTS - COMP/OP AG	ti.	\$1,000,000.		
POLICY FECT LOS	NI	TOI	REICIA	TI	Rer Person	=	\$250,000.0		
AUTO LIABILITY	1				ANNUAL AGGREGATE	1		-	
ANY AUTC	his D	ocument	is the prop	ertv	Daone y soury				
ALL OWNED AUTOS					(Per Person)	¢			
SCHEDULEU AUTOS	the	Lake Co	unty Recor	der!	BODILY INJURY	- 			
HIRED AUTOS					(Per Accident)	15			
CTUA DESINO-HOM					PROPERTY DANA	宫			
DRIVE AWAY					(Per Accident)	玉	<u> </u>	Ŋ	
GARAGE LIABILITY/MANUSCRIPT FORM					PER PERSOTO T	_	mD)	<u>-</u>	
SCHEDULE AUTO					HER ACCIDECTO	#		ᆉ	
GK.T.					PER ACCIJEGIO	NO	كيبالد	2	
OTRPO					ACGREGATE	7.	CC.	7	
CARGO					PROFERTY DANGE!	丰.	<u></u>	=	
CNHOCK					POE				
EMPLOYEE DISHONESTY		TI	THE PARTY OF THE P		1	-		9	
VIRONGFUL REPOSSESSIO		THE D	EKS O			<u></u>		2	
EXCESS LIABILITY					EACH OCCURRENCE	+	\$0		
OCCUR CLAIMS MADE		2			AGOREGATE	-	\$0		
RETENTION \$					POSICE	13	~~~~		
LIMITATION OF COVERAGE FOR ADDITIONAL INSU	RED	E V	EAL		<i></i>				
		See IN	DIANA				15	<	
							23 Of	d	
	`	\	/				CF	5	
								T	
DESCRIPTION OF OPERATION/LOCATIONS/VEHICL									
Coverage is limited to only matred activities of	operations on o	ne ramcipant memoer	Deciaration Certificate or as	тау ое ѕервти	iely choorsed. Kooling - Ke	sidenui	ai		
CERTIFICATE HOLDER	ADDITIONA	L INSURE	_ LOSS PAYEE						
Lake County Plan Commission					BED POLICIES BE CANCE				
Planning & Building Department					GUING INSURER WILL END TIFICATE HOLDER NAME				
2293 N. Main St.			FAILURE TO DO SO SHA	LL APOSE NO	OBLIGATION OR LIABIL!			•	
Crown Point , IN 46307			UPON THE INSURER. IT	S AGENTS OR	REPRESENTATIVES.				

Fax Number 3196632282			AUTHORIZED REPRESENTAT	IVE	1- 10				