



CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY)
8/29/17

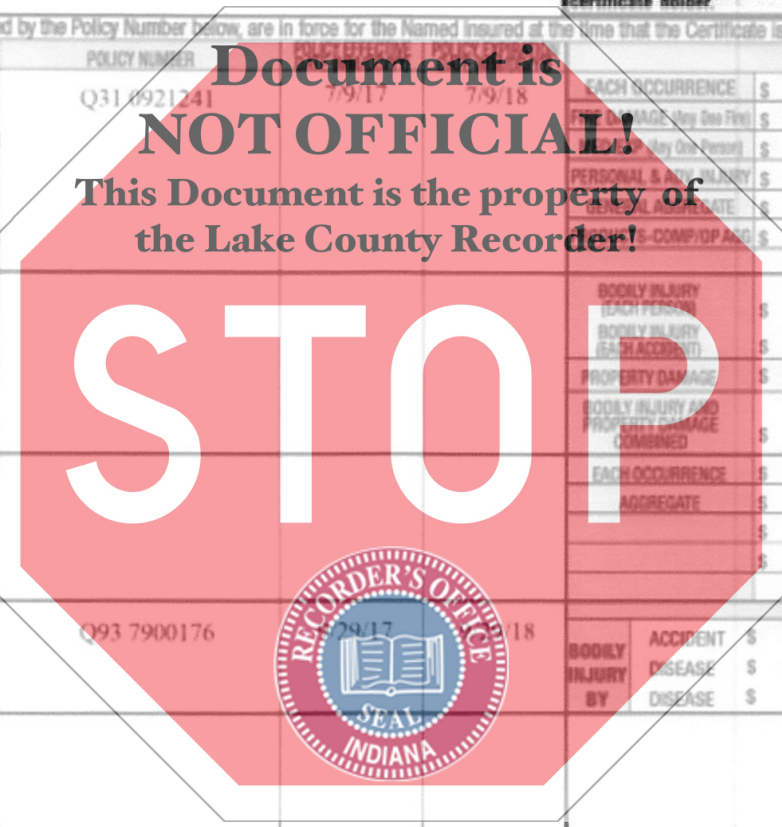
Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY TERPSTRA INSURANCE AGENCY 1235 E GLEN PARK AVE GRIFFITH, IN 46319-2599 (219)838-1198	AGENT'S NO. FF2423	COMPANIES AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact In NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
---	-----------------------	--

NAME AND ADDRESS OF NAMED INSURED MITCHELL BUILDERS, LLC 2180 W 93RD AVE CROWN POINT, IN 46307	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
---	---

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	COVERAGE PERIOD	LIMITS
E	<input type="checkbox"/> GENERAL LIABILITY	Q31 8921241	7/9/17 - 7/9/18	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PER POLICY YEAR (Any One Fire) \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			PER POLICY YEAR (Any One Person) \$ 5,000,000
	<input type="checkbox"/>			PERSONAL & AUTO INJURY \$ 1,000,000
	GEN'L. AGGREGATE LIMIT APPLIES PER:			AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC.			PERSONAL & AUTO PROP. DAMAGE \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY			BODILY INJURY (EACH PERSON) \$
	<input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED)			BODILY INJURY (EACH ACCIDENT) \$
	<input type="checkbox"/> OWNED			PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED			BODILY INJURY AND PROPERTY DAMAGE COMBINED \$
	<input type="checkbox"/> EXCESS LIABILITY			EACH OCCURRENCE \$
	<input type="checkbox"/> OCCURRENCE			AGGREGATE \$
	<input type="checkbox"/> RETENTION \$			
D	WORKERS COMPENSATION & EMPLOYERS LIABILITY	093 7900176	7/9/17 - 7/9/18	BODILY INJURY BY ACCIDENT \$ 100,000 EACH ACCIDENT DISEASE \$ 100,000 POLICY LIMIT DISEASE \$ 100,000 EACH YEAR
	OTHER			



Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

2017 059002
2017 MAR 31 AM 9:41
HOSPITAL B. BROWN
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

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.

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER LAKE COUNTY PLANNING COMMISSION 2293 N MAIN ST CROWN POINT, IN 46307	25- CS RM	AUTHORIZED REPRESENTATIVE
--	-----------------	-------------------------------