



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/31/2017

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.

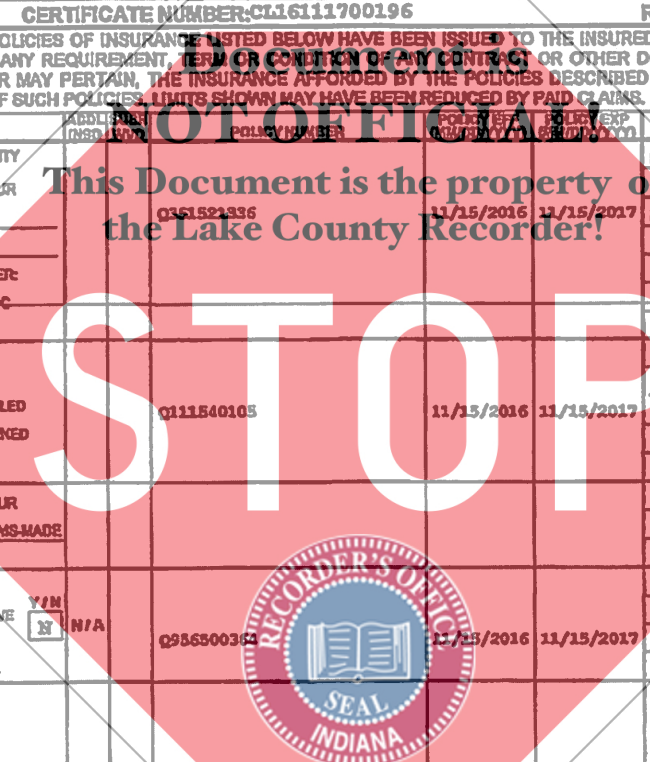
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Midwest Insurance Center, Inc 944 W. US Highway 30 Schererville IN 46375		CONTACT NAME: Lori Tournis PHONE: (219) 864-3333 FAX: (219) 864-3393 EMAIL: lori@midwestic.com ADDRESS:	
INSURED NEWBORN DEVELOPMENT CORP & TEN-02 CONSTRUCTION LLC 7301 W 117th Ave Crown Point IN 46307		INSURER(S) AFFORDING COVERAGE INSURER A: Erie Insurance Exchange 26271 INSURER B: Erie Insurance Property & Casualty 26830 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL16111700196 REVISION NUMBER: 9

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.

CLASS	TYPE OF INSURANCE	ADDRESS (INSURED)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	UNITS	AMOUNT
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		0361521336	11/15/2016	11/15/2017	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					AMOUNT TO RETIRED PREMISES (Per occurrence)	\$ 1,000,000
						MED EXP (Per person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PER SECT <input type="checkbox"/> LOC						PRODUCTS - COMP/PROP/AGG	\$ 2,000,000
OTHER:						Employee Benefits	\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		0111540105	11/15/2016	11/15/2017	COMBINED SINGLE LIMIT (Per person)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person)	\$ 500,000
	<input type="checkbox"/> HIREN AUTOS					BODILY INJURY (Per occurrence)	\$ 500,000
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per occurrence)	\$ 500,000
UMBRELLA LIAB						EACH OCCURRENCE	\$
EXCESS LIAB						AGGREGATE	\$
DED RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	Y/N	0986300364	11/15/2016	11/15/2017	<input checked="" type="checkbox"/> PER STATUTE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory to RH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						



2017-059145

25- CASU

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

CERTIFICATE HOLDER (219) 755-3712 Lake County Plan Commission 2293 North Main 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 Tommy Edwards/LT <i>T.D. Edwards</i>
--	--