

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

HENNED1

OP ID: MH

DATE (MM/DD/YYYY)

11/20/2017

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).

Rob Rothschild

Rothschild Agency, Inc 8979 Broadway Merrillville, IN 46410-				PHONE (A/C, No, Ext): 219-769-6616 E-MAIL ADDRESS: FAX (A/C, No): 219-769-7423							
											Rob Rothschild, CIC
					INSURE	RA: Secura	Insurance				22543
INSURED Hennessey Development, Inc Bob Hennessey 10769 Broadway, Ste. 318 Crown Point, IN 46307					INSURER B:						
					INSURER C:						
					INSURER D:						
						INSURER E:					
					INSURE	RF:					
CO	VERAGES CER	RTIFIC	ATE	NUMBER:			_	REVISION NU	NAME OF TAXABLE PARTY OF TAXABLE PARTY.		L L . E.
E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERTA	AIN, I	THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY BEEN F	N ISSUED TO Y CONTRACT THE POLICIE REDUCED BY	S DESCRIBEI PAID CLAIMS	ED NAMED ABO DOCUMENT WI D HEREIN IS S	NE FOR T NESPE	HE POL CT TO O ALL	ICY PERIOD WHICH THIS THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADØL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			LIMIT	rs	
	GENERAL LIABILITY		hi					EACH OCCURRE	NCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		1	20CP3433170 he Lake Cou	ntv l	12/27/2017	12/27/2018	DAMAGE TO REM PREMISES (Ea or	commence)	\$	100,000
	CLAIMS-MADE X OCCUR			iic Lake Cou	iity i	IXCCOI U	CI.	MED EXP (Any or	necoson)	\$	10,000
								PERSONAL & AD	VINJ URY	\$	1,000,000
								GENERAL AGGR	EGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - CO	MP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC								CO	\$	
	AUTOMOBILE LIABILITY							COMBINED SING (Ea accident)	LE LIMIT	\$	
	ANY AUTO							BODILY INJURY	(Per person)	\$	
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY	•	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAM (PER ACCIDENT)	AGE	\$	*
				ATTU	Шп			terrep.	2	\$	
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	EXCESS LIAB CLAIMS-MAQI			E O. L.			AGGREGAJET	9	F - 1	>	
	DED RETENTION\$						MA	E	ラスト		
	WORKERS COMPENSATION				. الكيا			X WCSTATU	S ER	7111	
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			20WC313317	11.1	12/27/2017	12/ 27/2 0 18	E.L. EACHACCIE	U ,	RO.	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		THE INDI	IANA LILI	JII.		E.L. DISEASE TE	A EMPLOYEE	ACCRET NO.	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			The state of the s	Him			E.L. DISEASE P	Band Life		500,000
						/		-	••		Z.
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Scope of Work: General Contractor

CERTIFICATE HOLDER

LAC9003

LAKE CO PLANNING COMMISSION 2293 NORTH 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

CANCELLATION

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