BERTHA1RWA

DATE (MIN/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

12/07/2017

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.		
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the If SUBROGATION IS WAIVED, subject to the terms and conditions of this certificate does not confer rights to the certificate holder in lieu of su	the policy, certain policies may require an endorsement. A	be endorsed. statement on
PRODUCER Cooper & Allison Insurance Agency, LLC 100 Towar Dr. Ste 129 Burr Ridge, IL 60527	CONTACT Bertha Liss	
	PHONE (AIC, No, Ext): (630) 908-4297 FAX (AIC, No): (630) 468-130	
	Appless: bertha@rw-ins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Acuity	14184
INSURED	INSURER B:	
Woodland Homes LLC	INSURERC:	
1605 Sonoma Ct. Crown Point, IN 46307	INSURER D:	
	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER	
THIS IS TO CEPTIEV THAT THE POLICIES OF INSLIBANCE LISTER OF CHA	HAVE REEN ISSUED TO THE INSURED NAMED ABOVE FOR THE P	POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFEORI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. SIMILS SHOWN MAY HAVE	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL DESCRIBED HEREIN IS SUBJECT TO ALL DEED REDUCED BY PAID CLAIMS.	O WHICH THIS L THE TERMS,
INSR TYPE OF INSURANCE ADDRESSED POLICY NUMBER-	the March 100 Company	1,000,000
A COMMERCIAL GENERAL LANGING	EACH OCCURRENCE	300,000
CLAIMS-MADE X OCCUR three-trake Coun	. V PREMISES NER OCCURRENCED TO PREMISES NER OCCURRENCED	10,000
	MED EXP (Any one person)	1,000,000
	PERSONAL & ADV INJURY	3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE	3,000,000
POLICY X JECT LOC	PRODUCTS - COMP/OP AGG \$	3,000,000
OTHER:	COMPANIES CHICLE LINES	
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident)	
ANY AUTO	BODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS ONLY AUTOS	BODILY INJURY (Per accident) \$	
HIRED ONLY NON-CONNECTION AUTOS ONLY	PROPERTY DAMAGE (Per eccident)	· · ·
	<u> </u>	T S
A UMBRELLA LIAB X OCCUR	EACH OCCURRENCE S	1,000,000
X EXCESS LIAB CLAIMS-MADE Z86426	AGGREGATE AGGREGATE	3,600,000
DED X RETENTION\$		-11HO
WORKERS COMPENSATION AND EMPLOYERS LIABILITY	PER COTH-	367
ANY PROPRIETOR/PARTNER/EXECUTIVE	E L FACH ACCIDENT	20 00 25
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE MAKEMBER EXCLUDED?	E.L. DISEASE - EA EMPLOYEE 3	MZU 2
If yes, describe under DESCRIPTION OF OPERATIONS below	NA. DISEASE - POLICY LIMIT	5×\$
DESCRIPTION OF OPENATIONS SOON		14 m
	ω	
DESCRIPTION OF ODEDATIONS / OCATIONS / VEHICLES (ACCIDE 404 Additional Parasine School	ule, may be attached if more space is required)	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu Property in the Course of Construction: Limit \$500,000/Ded. \$1,000	and they are commented in their operator to require by	
Evidence of Coverage for Board of Commissioner of Lake County, Indiana, and	all cities towns and municipalities in Lake County, Indiana	01 mel
Exidence of Coverage for board of Commissioner of Lake County, mulains, and	the diagon to with and manier parado in all the observer, we will be	
		750
		260
		/ DE
ACTIVITAL VIZ. LIQUETO	CANCELLATION	
CERTIFICATE HOLDER	CANCELLATION	
Lake County Board-Commissioner 2293 N. Main St. Crown Point, IN 46307	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE THE EXPIRATION DATE THEREOF, NOTICE WILL BE ACCORDANCE WITH THE POLICY PROVISIONS.	ELLED BEFORE DELIVERED IN
	AUTHORIZED REPRESENTATIVE	
	Bords of its	
	Bertha Liss	

CORD