

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/4/2017

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(les) 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 | CONTACT Elizabeth Flagler |
|--|---|
| Flag Insurance Services Inc | GUANG |
| 659 Fairway Lane | ACC, No. Ext): (312) 939-1515 FAX (ACC, No.): (312) 939-1516 E-MAIL ADDRESS; eflagler@flaginsurance.com |
| | |
| Frankfort IL 60423 | INSURER(S) AFFORDING COVERAGE NAIC # |
| INSURED | INSURER A: West Bend Mutual Insurance—Company 15350 |
| Aquamist Plumbing & Lawn Sprinkling Co, Inc | INSURER B: |
| 14526 Chicago Rd | INSURER C: |
| cuzcago At | INSURER D: |
| Dolton : II. 60419-1742 | INSURER E: |
| 12 00413-1743 | (MSURER F: |
| COVERAGES CERTIFICATE NUMBER:CL1611300 | 02891 REVISION NUMBER: |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MAY PERFAIN, THE INSURANCE AFFORDED BY THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MAY PERFAIN, THE INSURANCE AFFORDED BY THE POLICY PRODUCTION OF THE POLICY PR | |
| CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFOR | THE DOCUMENT WITH THE SPECT TO WHICH THIS |
| EXCLUSIONS AND CONDITIONS OF SUCH POLICIES: LIMITS SHOWN MAY HAV | BEEN REDUCED BY PAID CLAIMS |
| INSR TYPE OF INSURANCE ADDL LUBR POLICY NUMBER | POLICY EXP |
| V COMMEDIAL OFFICE A LINE WAS | (MM/DD/YYYY) (MM/DD/YYYY) LIMITS |
| A CLAIMS-MADE X OCCUR This Document is | |
| | PREMISES (En occurrence) \$ 200,000 |
| and shake country | 137 330 7437 |
| GEN'L AGGREGATE LIMIT APPLIES PER | PERSONAL A-ROVINTERY & CO1,000,000 |
| Y PRO- | GENERAL ASGREGATE 2,000,000 |
| | PRODUCTS COMPIDE AGG 12 2,000,000 |
| OTHER: AUTOMOBILE LIABILITY | PPAK DIT |
| | COMBINED SINGLE LIMIT 3 71,000,000 |
| A ANY AUTO ALL OWNED SCHEDULED | BODILY (NEURY (Per gerson) |
| AUTOS AUTOS 0132082 | 4/25/2018 4/25/2019 BODILY INTERV (Por Berident) 5 |
| HIRED AUTOS AUTOS | PROPERTY DAMAGE |
| | PPAK |
| X UMBRELLA LIAB X OCCUR | |
| A EXCESS LIAB CLAIMS-MADE | 003 |
| DED X RETENTION\$ 10,000 0132082 | 4/25/2010 4/25/2016 |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | X PER OTH- |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | |
| A (Mandatory in NH) | E.L. EACH ACCIDENT \$ 1,000,000 |
| If yes, describe under DESCRIPTION OF OPERATIONS below | 37 - 57 EMP COTEC 4 1,000,000 |
| AIG/M | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| | |
| | |
| DESCRIPTION OF OPERATIONS / OCATIONS / VENUE TO (ACCOUNT) | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Type of work performed: Lawn Sprinkling & Plumbing | |
| | |
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| | , |
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| | |

CERTIFICATE HOLDER

CANCELLATION

Lake County Plan Commission Planning & Building Department 2293 North Main Street 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.

WINIAM Dragger/BILLy

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