

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY) 12/11/2017

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 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 e	ndorsement(s).		1		
PRODUCER	· ·		CONTACT NAME: Donna Lesniewski			
Walter W. Schul	tz Agency	Inc.		(A (708) 474-4173		
18119 Torrence	Avenue		E-MAIL ADDRESS:	<del></del>		
			INSURER(S) AFFORDING COVERAGE	NAIC#		
Lansing	IL	60438	INSURER A:Ohio Security Insurance Co	24082		
INSURED			INSURER B:Ohio Casualty Insurance Co	24074		
Pz Masonry Inc			INSURER C:NCCI	•		
404 77th Ave			INSURER D:	. 2.2.4-		
	•		INSURER E :			
Dyer	_ IN	46311	INSURER F:			
COVERAGES		CERTIFICATE NUMBER:18-19	REVISION NUMBER:			
THIS IS TO CERTIEV	THAT THE DOL	TOTES OF INCURANCE LISTED BELOW I	MAYE DEEN LOOLED TO THE MOUSED MALES ADOLE TOP	THE DOLLAR		

T	HIS I	S TO CERTIFY THAT THE P	OLICIES OF	INSUI	RANCE LISTED BELOW	HAVE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR J	HE	POLICY PERIOD
	IDIC	ATED. NOTWITHSTANDING FICATE MAY BE ISSUED O	ANY REQUIR	REME	NT, TERM OR CONDIT	ION OF AN	YCONTRACT	OR OTHER	DOCUMENT WITE RESPE	CT.	IO WHICH THIS
=	KCH	JSIONS AND CONDITIONS O	K MAY PEKI ESUCH POLI	AIN, CIES	LIMITS SHOWN MAY H	OKDED BY	THE POLICIE	S DESCRIBE	D HEREIN IS STELLECT I	O A	LE TERMS,
INSR LTR	1		ADDL	SUBR			POLICY EFF	POLICY EXP	<del></del>		<u></u>
LTR	_	TYPE OF INSURANCE		WVD	POLICY NUMBER	R	MALIODAYYYY	MUMITODYYYYY			O Xm
1	X	COMMERCIAL GENERAL LIABIL	ITY ,	Ph	is Documen	t ic th	a nron	auty of	EACH OCCURBENCE DAMAGE TO RENTED PREMISES (Each occurrence)	\$	300,000
A		CLAIMS-MADE X OCC	JR	4 11					PREMISES (Executivence)	\$	元 <u>日</u> 300,000
					ekss Estke Co	ountv	Recesso	2/2/2019	MED EXP (Any one person)	\$	꼬드=15,000
1									PERSONAL & ADVINJURY		000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PE	R:				:		GENERAL AGGREGATE	s	27000,000
	X	POLICY PRO- LO	С						PRODUCTS - COMP/OP AGG		2,000,000
		OTHER:							Liab Ext Endt	\$	
	AU1	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
1_	x	ANY AUTO							BODILY INJURY (Per person)	\$	,
A		ALL OWNED SCHEDU	LED		BAS55761548		1/1/2018	1/1/2019	BODILY INJURY (Per accident)	<u> </u>	<del></del>
		AUTOS AUTOS NON-OW	NED				1/1/2010	1/1/2019	PROPERTY DAMAGE	\$	
	-	HIRED AUTOS AUTOS							(Per accident)	H	
$\vdash$	77	UMBRELLA LIAB OCCI	_			- COUNTY			Bus Auto Enhacmt Endt	\$	
	X	0000	JR		TIL	CER'S	2		EACH OCCURRENCE	\$	1,000,000
В			AS-IMADE		50	V S			AGGREGATE	\$	1,000,000
			10,000		US055761548		1/1/2018	1/1/2019		\$	
i		RKERS COMPENSATION EMPLOYERS' LIABILITY			2		<b>E</b>		PER OTH-		-
ŀ	ANY	PROPRIETOR/PARTNER/EXECUTIV	E Y/N N/A			الحبكا	]		E.L. EACH ACCIDENT	\$	500,000
C	(Man	CER/MEMBER EXCLUDED?			ARP120000020	SEAL	1/1/2018	1/1/2019	E.L. DISEASE - EA EMPLOYEE	s	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below			1911	MDIANA.	ini		E.L. DISEASE - POLICY LIMIT	$\vdash$	500,000
										-	300,000
<u> </u>				L							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Masonry Contractor

CERTIFICATE HOLDER
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Lake County Planning Commission 2293 N 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.

**AUTHORIZED REPRESENTATIVE** 

Daniel Derks/DONNA

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6 copies

**CANCELLATION** 

