

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YYYY) 11/13/2017

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 florder in fied of such endorsement(s). | LCONTACT | | | |
|---|--|---|--|--|
| PRODUCER | CONTACT Jan Grzadzinski | | | |
| First Consolidated Insurance Center, Inc. | PHONE (708) 946-2276 FAX (A/C, No): (708) 946-9635 | | | |
| 398 W. Indiana Avenue | E-MAIL ADDRESS: jgrzadzinski@fi | rstcic.com | | |
| P.O. Box 576 | INSURER(S) AFFOR | RDING COVERAGE | NAIC # | |
| Beecher IL 60401 | INSURER A: Pekin Insurance | Company | 24228 | |
| INSURED | INSURER B: | | | |
| Prime Time Construction LLC | INSURER C: | [73 | | |
| 446 E. 162nd St. | INSURER D: | (50) | | |
| | INSURER E : | - Caralia | · . | |
| South Holland IL 60473 | INSURER F: | | | |
| COVERAGES CERTIFICATE NUMBER: | INSURER F. | REVISION NUMBER: | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE | OF ANY CONTRACT OR OTHER DED BY THE POLICIES DESCRIBE | ED NAMED ABOVE FOR THE PO DOCUMENT WITH DESPECT TO D HEREIN IS SUBJECT TO ALL | DLICY PERIOD WHICH THIS THE TERMS, | |
| LTR TYPE OF INSURANCE INSO WYD POLICY NUMBER | MANAGONINI CANTOGONINI | LIMITS | | |
| X COMMERCIAL GENERAL LIABILITY | s the property of | BACH OCCURRENCE \$ DAMAGE TO RENTED | 1,000,00 | |
| A CLAIMS-MADE A OCCUR | | PREMISES (Ea occurrence) \$ | 100,00 | |
| the siske Cour | nty Researden 5/2018 | MED EXP (Any one person) \$ | 5,00 | |
| | | PERSONAL & ADV INJURY \$ | 1,000,00 | |
| GEN'L AGGREGATE LIMIT APPLIES PER | | GENERAL AGGREGATE \$ | 2,000,00 | |
| X POLICY PRO- | | PRODUCTS - COMP/OP AGG \$ | 2,000,00 | |
| OTHER: | | X B 5 | | |
| AUTOMOBILE LIABILITY | | COMBINE SINGLE LIMIT W S (Ea accident) | 3 | |
| ANY AUTO | | BODICO (SURY (Paperson)- \$ | | |
| ALL OWNED SCHEDULED AUTOS AUTOS | | BOD WHANKY (Per accident) | • | |
| HIRED AUTOS NON-OWNED AUTOS | | PROPER Y DAMAGE (Per podent) |) | |
| AUTOS | | (Per addent) NO O | | |
| UMBRELLA LIAB OCCUR | 00000 | EAC CORRENCE | | |
| EXCESS LIAB CLAIMS-MADE | 50 | AGGREGATE 7 S | | |
| | | 70 s.m. | | |
| DED RETENTION \$ WORKERS COMPENSATION | हो है | PER STATUTE CO OTH | | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | E.L. EACH ACCIDENT \$ | | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Alexandra Sall | E.L. DISEASE - EA EMPLOYEE \$ | | |
| If yes, describe under | ANA | E.L. DISEASE - POLICY LIMIT \$ | | |
| DÉSCRIPTION OF OPERATIONS below | AHOD | E.E. DISEASE - POLIGI EIWII 4 | | |
| | | | | |
| | _ | 1 | | |
| | duta man ha attached to man ha man ha | ulend) | | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Sched Lake County Board of Commissioners are also included Liability. General Contractor/Electrical Contractor | nue, may be attached if more space is requ las additional insured | with respect to Gene | oral / | |

| CERTIFICATE HOLDER | C | ER | TIF | ICA | TE | HO | LDER |
|--------------------|---|----|-----|-----|----|----|------|
|--------------------|---|----|-----|-----|----|----|------|

Lake County Board of Commissioners 2293 N. Main St. 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.

AUTHOPIES CONSONICATED Insurance Center

PO Box 576

Boocher, IL 60401
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