



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/18/2017

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).

PRODUCER Aon Risk Services Central, Inc. Southfield MI Office 3000 Town Center, Suite 3000 Southfield, MI 48075	1-248-936-5363	CONTACT NAME: Patricia Redmond PHONE (A/C No. Ext): 248-936-5233 FAX (A/C No.): 847-953-2956 E-MAIL ADDRESS: RiethCOIReqs@aon.com
INSURED Rieth-Riley Construction Co., Inc. 7500 W. 5th Avenue Gary, IN 46406		INSURER(S) AFFORDING COVERAGE
		INSURER A: TRAVELERS IND CO INSURER B: TRAVELERS IND CO OF AMER INSURER C: ALLIED WORLD ASSUR CO US INC INSURER D: INSURER E: INSURER F:
		NAIC # 25658 25666 19489

COVERAGES **CERTIFICATE NUMBER:** 50840403 **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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	COVERAGE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		VTC2K-CAP-8F32568-3-IND-1710/01/17	10/01/17	10/01/18	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Per one person) PERSONAL AND ADJ INJURY GENERAL AGGREGATE PRODUCTS - COMP/PROP/AGG	\$ 2,000,000 \$ 2,000,000 \$ 5,000 \$ 2,000,000 \$ 2,000,000 \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		VTC2K-CAP-8F32568-3-IND-1710/01/17	10/01/17	10/01/18	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 2,000,000 \$ \$ \$
A	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$		VTSMK-CUP-8F32570-2-IND-1710/01/17	10/01/17	10/01/18	EACH OCCURRENCE AGGREGATE	\$ 10,000,000 \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	VTC2H-UB-7350442-7-17	10/01/17	10/01/18	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Liability		0310-5308	02/01/17	02/01/20	Each Loss Aggregate	5,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
JOB:
General Contractor

CERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St. Crown Point, IN 46307 USA	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. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central, Inc.</i>
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SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE
09/18/2017

NAME OF INSURED: Rieth-Riley Construction Co., Inc.

General Liability Policy #VTC2K-C0-8F32567-1-IND-17 Includes the following attached Forms:
Form #CG D3 16 11 11 and Form #CG D6 04 08 13

Automobile Liability Policy #VTC2K-CAP-8F32568-3-IND-17 Includes the following attached Forms:
Form #CA T3 53 02 15

