



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/15/2017

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.

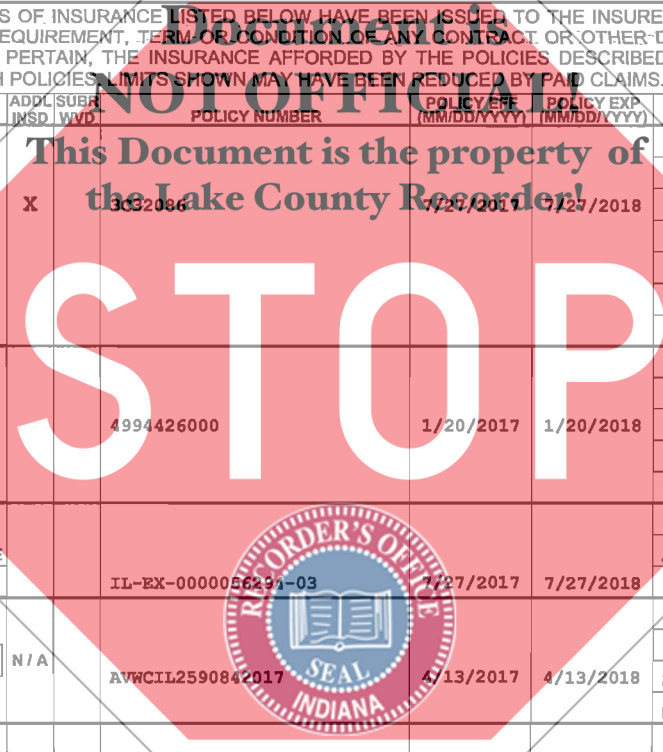
**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Illinois, LLC Four Westbrook Corporate Ctr Suite 500 Westchester IL 60154	CONTACT NAME: Lisa LaGiglio	
	PHONE (A/C No. Ext): 630-571-6380 FAX (A/C. No): 708-731-4012	
	E-MAIL ADDRESS: Lisa.LaGiglio@assuredpartners.com	
INSURED Pro-Tech Roofing, Inc. Prestige Restoration 216-D Graceland Des Plaines IL 60016	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Evanston Insurance Co	35378
	INSURER B: Owners Ins Co	32700
	INSURER C: First Mercury Ins Co	
	INSURER D: American Interstate Insurance	31895
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1772710654 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. (MSD   WVD)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	OTHER:					
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY					
	ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/>		4994426000	1/20/2017	1/20/2018	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB					
	CLAIMS-MADE <input type="checkbox"/>		IL-EX-0000056294-03	7/27/2017	7/27/2018	
	DED RETENTION \$					
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N N/A	AVWCIL2590842017	4/13/2017	4/13/2018	



EACH OCCURRENCE	\$ 1,000,000
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
MED EXP (Any one person)	\$ 5,000
PERSONAL & ADV INJURY	\$ 1,000,000
GENERAL AGGREGATE	\$ 2,000,000
PRODUCTS - COM/OP AGG	\$ 2,000,000
Railroad Protective Liability	\$ 1,000,000
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE (Per accident)	\$
Uninsured motorist BI split limit	\$ 1,000,000
EACH OCCURRENCE	\$ 2,000,000
AGGREGATE	\$ 2,000,000
<input checked="" type="checkbox"/> PER STATUTE	
<input type="checkbox"/> BOTH	
E.L. EACH ACCIDENT	\$ 500,000
E.L. DISEASE - EA EMPLOYEE	\$ 500,000
E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Scope of work: ROOFING**  
 The board of commissioners of the County of Lake, State of Indiana and any Cities and Towns in Lake County Indiana are named as Additional Insured with respect to the General Liability coverage as required by written contract.

<b>CERTIFICATE HOLDER</b>  Lake County Plan Commission 2293 N Main St. Crown Point, IN 46307	<b>CANCELLATION</b>  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  Anthony Pulgine/LLA

RECORDER'S OFFICE  
 SEAL INDIANA  
 2017 DEC 19 AM 9:58  
 FILED FOR RECORD  
 STATE OF INDIANA  
 LAKE COUNTY RECORDER  
 #25  
 E 12846  
 [Signature]