NORTHWEB

 $ACORD_{\cdot\cdot\cdot}$

ON! Risk Partners, Inc.

Harold Everett, CPCU

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/10/2017

FAX (A/C, No): 260-625-7525

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).

CONTACT Jada Karst

PHONE (A/C, No, Ext): 260-625-7215

Harold Everett, CPCU P.O. Box 1705 Fort Wayne, IN 46801-1705				E-MAIL ADDRESS: jada.karst@onirisk.com					
				INSURER(S) AFFORDING COVERAGE INSURER A:: Cincinnati Insurance Co.				NAIC#	
								10677	
INS	URED ·		INSURER B : Praetorian Ins/Midwestern Ins A						
North Webster Construction, Inc.				INSURER C:				1	
DBA Pacemaker Buildings P.O. Box 259 North Webster, IN 46555-0259				INSURER D.:			<u> </u>	,	
				INSURER E :					
				INSURER F:			-		
COVERAGES CERTIFICA			NUMBER:	THOUSE IN THE	CONTRACTOR OF THE	REVISION NUMBER:			
11 C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN PERTAIN, I POLICIES	THE INSURANCE AFFORDING CIMITS SHOWN MAY THE	OF ADY CONTRACT ED BY THE POLICIE AVE BEEN REDUCED	OR OTHER DOC S DESCRIBED H PAID CLAIM	UMENT WITH RESPONDED TO THE STATE OF THE STA	T TO WE	HICH THIS	
INSF LTR		ADDL SUBLINSR WVD	POLICY NUMBER	(MM/DD/YYY	MM/DD/YYYY)		MITS		
Α	GENERAL LIABILITY	Thi	sEP8629951ent is	s the 03/14/201	7 03/14/2918	EACH OCCURRENCE		0,000	
١.	X COMMERCIAL GENERAL LIABILITY			, A. A.	2	PREMISES (Ea:occurrence)	\$500	,000	
	CLAIMS-MADE X OCCUR		he Lake Cou	nty Record	ier:	MED EXP (Any one person)	\$10,0	00	
	X PD Ded:500					PERSONAL & ADV INJURY	\$1,00	00,000	
						GENERAL AGGREGATE	\$2,00	0,000_	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMPION AG	g \$ 2,00	0,000	
	POLICY PRO-					3 2	· . '\$		
Α	AUTOMOBILE LIABILITY		EPP0129953	03/14/201	7 03/14/2018.	COMBINED SINGLE LIMIT (Ea accident)		0,000	
	· X ANY AUTO					BODILY INDURY (Per persor) []	\mathbf{z}	
	ALL OWNED SCHEDULED AUTOS					BODILY IN UKA (Per ascie	nt) (\$3.55	m	
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS					PROPER TY-DAMAGE	द्धाग	C	
	AUTOS				1	200	300	41	
Α	X UMBRELLA LIAB X OCCUR		EPP0129953	R'S 03/14/201	7 03/14/2018	EACH OCCURRENCE		0,000	
	EXCESS LIAB CLAIMS-MADE		Zi Oklima		· [AGGREGATE	F =34:17	0.000	
	DED X RETENTION \$0					/	\$		
В	WORKERS COMPENSATION		P0014MP1713070130	03714/201	7 03/14/2018	X WC STATU- OT TORY LIMITS EA	Ĥ-		
_	AND EMPLOYERS' LIABILITY		TOO THIS TELEVISION			E.L. EACH ACCIDENT	\$500,	000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	E .OE	Alient Sist		E.L. DISEASE - EA EMPLOY	- · ·		
	If yes, describe under DESCRIPTION OF OPERATIONS below		VIII NO	ANA		E.L. DISEASE - POLICY LIM			
A	Builders Risk		EPP0129953	03/14/201			, ,,,,,,	-	
^	Coverage		LFF @123333	03/14/201	1 03/1-/2010	\$50,000 Transit			
	Coverage					\$1,000 Deductible			
DEC	ODIDION OF ODERATIONS (LOCATIONS (VEHI	I ER (Aug -b	ACORD 101 Additional Remark	s Sahadula If more anno	o le required)	Author Degreeting			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) Description of Operations: Post Frame Construction									

CERTIFICATE HOLDER

Lake County Plan Commission 2293 N. Main Street 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.

AUTHORIZED REPRESENTATIVE

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