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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2017

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.

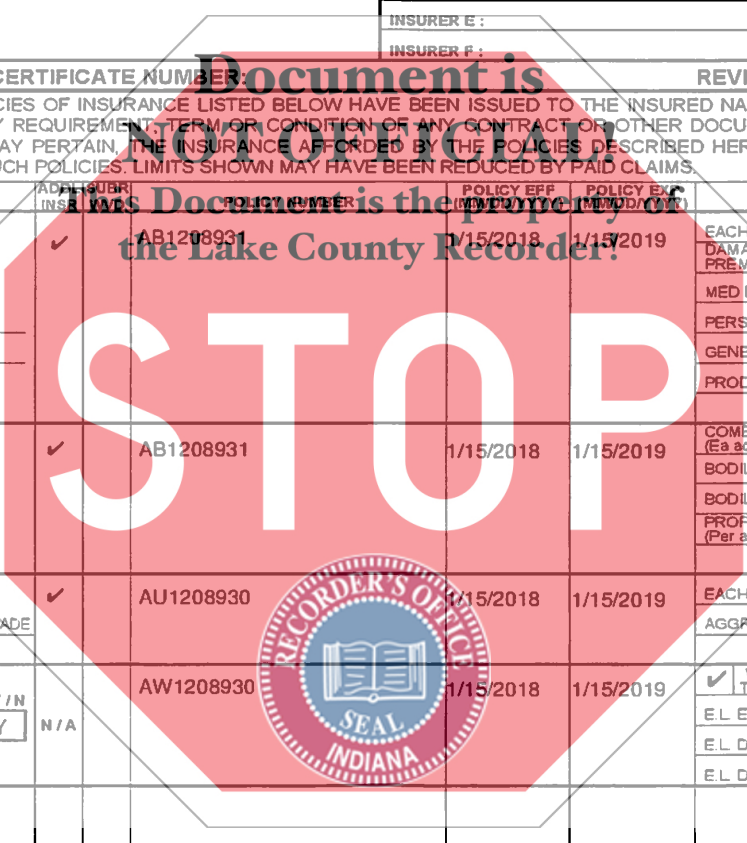
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in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

| | | |
|--|--|------------------------------------|
| PRODUCER TIM J PERCHINSKI (14821) 29 E 34TH ST STEGER, IL 60475-0000 | CONTACT NAME: TIM J PERCHINSKI PHONE (A/C, No, Ext): 708-754-7300 E-MAIL ADDRESS: TIM.PERCHINSKI@COUNTRYFINANCIAL.COM | FAX (A/C, No): 708-755-1970 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED 3332180 DEWEYS EXCAVATING INC 24131 S VOLBRECHT RD CRETE, IL 604172663 | INSURER A: COUNTRY Mutual Insurance Company | NAIC # 20990 |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** **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 | ADDITIONAL INSURERS | POLICY NUMBER | POLICY EFF (MM/DD/YY) | POLICY EXPI (MM/DD/YY) | LIMITS |
|----------|---|-------------------------------------|---------------|-----------------------|------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | <input checked="" type="checkbox"/> | AB1208931 | 1/15/2018 | 1/15/2019 | 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 Acc \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | <input checked="" type="checkbox"/> | AB1208931 | 1/15/2018 | 1/15/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | <input checked="" type="checkbox"/> | AU1208930 | 1/15/2018 | 1/15/2019 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 |
| A | 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 Y N/A | AW1208930 | 1/15/2018 | 1/15/2019 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER E.L EACH ACCIDENT \$ 500,000 E.L DISEASE - EMPLOYEE \$ 500,000 E.L DISEASE - POLICY L \$ 500,000 |



2017 085252
 STATE OF INDIANA
 LAKE COUNTY
 CLERK FOR RECORD
 MICHAEL B. BROWN
 RECORDER
 DEC 14 PM 3:27

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
JOB NAME:
SCOPE OF WORK: EXCAVATION/DEMOLITION
 (CONTINUED)

| | |
|---|--|
| CERTIFICATE HOLDER LAKE COUNTY PLAN COMMISSION 2293 N MAIN STREET CROWN POINT, IN 46301 | 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 |
|---|--|

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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|---|--------------------|--|--|
| AGENCY | | NAMED INSURED | |
| POLICY NUMBER AB1208931 | | DEWEYS EXCAVATING INC 24131 S VOLBRECHT RD CRETE, IL 604172663 | |
| CARRIER COUNTRY Mutual Insurance Company | NAIC CODE 20990 | EFFECTIVE DATE: 12/14/2017 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL INSURED(S):
 THE LAKE COUNTY BOARD OF COMMISSIONERS AS AN ADDITIONAL INSURED FOR NOT LESS THAN \$1 MILLION

WORKERS COMPENSATION EXCLUSIONS:
 PROPRIETOR, PARTNER(S), EXECUTIVE OFFICER(S), MEMBERS(S) IS/ARE EXCLUDED ON WORKERS COMPENSATION BY
 ENDORSEMENT.

