



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/2017

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 Niki Gagna 10733 Randolph St Crown Point, IN 46307	CONTACT NAME: Niki Gagna PHONE (A/C No. Ext): 219-662-2155 E-MAIL ADDRESS: niki.gagna.ugln@statefarm.com	FAX (A/C No.): 888-493-4505	
	INSURER(S) AFFORDING COVERAGE		
INSURED Leloup Brothers Insulation LLC DBA Brooks Insulation of NW Indiana 689 S State Road 49 Kouts, IN 46347	INSURER A: State Farm Fire and Casualty Company		NAIC # 25143
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

2017 085514

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	ADDL SUBR INSD. WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY		94-FH-3439-6	11/25/2013	11/25/2018	EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) 100,000 MED EXP (Per person) 5,000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS/COMP/OP AGG 2,000,000
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	OTHER:					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) 1,000,000 BODILY INJURY (Per person) 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO <input type="checkbox"/>					
	ALL OWNED AUTOS <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/>				
	HIRED AUTOS <input type="checkbox"/>	NON-OWNED AUTOS <input type="checkbox"/>				
	UMBRELLA LIAB <input type="checkbox"/>	OCCUR <input type="checkbox"/>				EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/>				AGGREGATE \$
	DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		94-FH-2082-7	07/22/2013	07/22/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					\$5000
	Surety Bond		94-BG-5979-0	10/16/2017	10/16/2018	



LIMITS
2017085514
STATE OF INDIANA
LAKE COUNTY
FILED FOR REC'D

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Insulation installation

CERTIFICATE HOLDER The Board of Commissioners of County of Lake State of IN and any cited and towns in Lake County Indiana 2293 N Main St Crown Point, IN	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 Niki Gagna <small>Digitally signed by Niki Gagna DN: cn=Niki Gagna, o=uc, email=Niki.Gagna.ugln@statefarm.com, c=US Date: 2015.10.27 09:32:16 -0500</small>

cash