

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/04/2017

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).

	DUCER				CONTA	Pean Ro	thschild			
	hschild Agency, Inc				PHONI	E No, Ext): 219-76	9-6616	FAX (A/C, No):		
8979 Broadway Merrillville, IN 46410-				I E-MAII	E-MAIL ADDRESS:					
Rob Rothschild, CIC					PROD	PRODUCER CUSTOMER ID #; SCHILC1				
					CUSTO					
INICI	pro D Cabilling (Construction	Inc					DING COVERAGE	-	NAIC #
INSURED R. Schilling Construction Inc PO Box 657					INSUR	INSURER A : The Cincinnati Insurance Cos.				10677
	St. John, IN 4	16272			INSUR	ER B :				
	St. John, IN	10373			INSUR	ER C :		N		
					INSUR	RER D :				
		1			INSUR	RERE:		****		
					INSUR	RER F:		4		
COVERAGES CER			TIFICAT	E MUMBER () (ume	nt is		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT				OW HAVE BE	EN ISSUED TO			HE POL	ICY PERIOD
IN	IDICATED. NOTWITHSTA	NDING ANY RE	QUIREMI	EN TERM OR CON	DITION OF AL	VY CONTRACT	OR OTHER D	DOCUMENT WITH COSPE	CT TO I	WHICH THIS
	ERTIFICATE MAY BE ISS				FFORDED BY	REDUCED BY	S DESCRIBER	HEREIN IS SUBJECT TO	O ALL T	HE TERMS,
100000	XCLUSIONS AND CONDITI		ADDI SUB					· N		
INSR LTR		NCE	INSR-WV			THE RESERVE OF THE PARTY OF THE		ZIMIT	S	4 000 000
	GENERAL LIABILITY			the Lake (County	Record	ler!	EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL	LIABILITY		EPP0025665		12/16/2017	12/16/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X	OCCUR						MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT AP	DI IES DER						PRODUCTS - COMP/OP AGG	\$	2,000,000
	PRO-							Name of the state	s	
_	AUTOMOBILE LIABILITY	LOC						COMBINED SINGLE LIMIT	\$T7	S
								(Ea accident)		
	ANY AUTO	I IV						BODILY INJURY (Per person)	STID	D
	ALL OWNED AUTOS							BODILY INJURY (Rer accident)		rri
	SCHEDULED AUTOS				WILLIAM TO			PROPERTY DAMAGE	\$00	
	HIRED AUTOS				CODER'S	30		(PER ACCIDENT)	200	
	NON-OWNED AUTOS			The second second	Ö.			Mo T	\$17 C	
					/ nt=r=n	ic.		755	\$	
	UMBRELLA LIAB	OCCUR				(C)		EACH OCCURRENCE	s	adverse and the second
	EXCESS LIAB	CLAIMS-MADE		E		!		AGGREGATE CO	5	D
		CLAIIVIS-IVIADE		E	SEAL.	· <u>\$</u>		ACCITEDATE CO	\$	
	DEDUCTIBLE			V	WDIANA.	HILL			s	
_	RETENTION \$ WORKERS COMPENSATION				- Common			WC STATU- OTH-	-	
100	AND EMPLOYERS' LIABILITY	Y/N				1011010016	40/40/0040	A TORY LIMITS ER		500,000
Α	ANY PROPRIETOR/PARTNER/ OFFICER/MEMBER EXCLUDED	EXECUTIVE 7	N/A	EWC0282493		12/16/2017	12/16/2018	E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATION	NS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	Leased/Rented			EPP0025665		12/16/2017	12/16/2018	Limit		25,000
								Ded		500
DES Ger	CERPTION OF OPERATIONS / LC neral Contractor	OCATIONS / VEHIC	LES (Attacl	n ACORD 101, Additional F	Remarks Schedul	le, if more space is	required)	Q	cus	2
	DTIEICATE UOI DED				CAN	CELLATION			V (
CE	RTIFICATE HOLDER			1 400		NOELLATION				
	LAKE OO D	ANNUNC CO	MMICC	LAC9	SH TH	E EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C		
ı	LAKE CO PL	AMMINIO CO	COUNTRY	OIN	I AC	CORDANCE W	THE POLIC	CY PROVISIONS.		

© 1988-2009 ACORD CORPORATION. All rights reserved.

2293 NORTH MAIN ST CROWN POINT, IN 46307

AUTHORIZED REPRESENTATIVE