



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2017

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).

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| PRODUCER Ron J. Prestamer Agency, Inc. 7207 Indianapolis Blvd., Ste 1 Hammond, IN 46324 Ron J. Prestamer | | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: LAKEW-1 | |
| INSURED Lakewood Construction, Inc. 1420 E. 89th Ave Bldg. A2 Merrillville, IN 46410 | | INSURER(S) AFFORDING COVERAGE INSURER A: State Auto NAIC # 25127 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 | ADDL. INSUR. (INSR LTR) | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------------------------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY | | | | | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | PBP2201921-13 | 08/05/2017 | 08/05/2018 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | MED EXP (Any one person) \$ 5,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | BAP2111253 | 08/05/2017 | 08/05/2018 | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (PER ACCIDENT) \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | OTHER \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | EACH OCCURRENCE \$ |
| | DEDUCTIBLE | | | | | AGGREGATE \$ |
| | RETENTION \$ | | | | | \$ |
| B | 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 | <input type="checkbox"/> N/A | WCR2111243 | 08/05/2017 | 08/05/2018 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
| | | | | | | E.L. EACH ACCIDENT \$ 100,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |



2017
STATE OF INDIANA
FILED FOR REC'D
LAKE COUNTY
MERRILLVILLE
DEC 5 2017

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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| CERTIFICATE HOLDER MERRILL Town of Merrillville 7820 Broadway Ave Merrillville, IN 46410 25-011888 RP | 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 Ron J. Prestamer |
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