JSZABO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/03/2017

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(les) must have ADDITIONAL INSURED provisions or 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 NAME: Corkill Insurance Agency, Inc. 25 Northwest Point Bivd., Ste 625 Elk Grove Village, IL 60007 PHONE (A/C, No, Ext): (847) 758-1000 FAX (A/C, No):(847) 758-1200 ADDRESS: certs@corkillinsurance.com **INSURER(S) AFFORDING COVERAGE** NAIC # INSURER A: West Bend Mutual 15350 D INSURED INSURER B: National Liability & Fire 20052 Central States Automatic Sprinklers, Inc. INSURER C: 13740 S. California INSURER D Blue Island, IL 60406 REVISION NUMBER: CERTIFICATE NUMBER: **COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE UNSURED 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. CUMITS ADDLISUBR DOCPOLICY NUMBER 15 11 CHAMPONY OF THE POLICY EXP TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY 1.000.000 EACH OSCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) the Lake County Revered 608/2018 CLAIMS-MADE | X OCCUR 200,000 10.000 MED EXP (Any one person) 1.000.000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE X POLICY X PRO-2,000,000 61 OTHER: EU SNGLE LIMI 1.000,000 AUTOMOBILE LIABILITY \$5... Х ANY AUTO 0639267 08/08/2017 | 08/08/2018 \$i™ BODILY WILL RY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS PAMAGE X HIRED AUTOS ONLY NON-OWNED **ક**, ∈ X 5,000,000 UMBRELLA LIAB X OCCNR EACH OCCURRENCE 0639267 5.000.000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED X RETENTIONS (43 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE /9WC891992 08/08/2017 08/08/2018 1.000.000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured for GL per written contract: Lake County Plan Commission. FIRE PROTECTION SPRINKLERS CERTIFICATE HOLDER 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. **Lake County Plan Commission** 2293 North Main Street Crown Point, IN 46307

ACORD 25 (2016/03)

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AUTHORIZED REPRESENTATIVE