

## LIABILITY INSURANCE CERTIFICATE OF

DATE (MON/DO/YYYY)

10/10/2017 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 ADDITIDNAL INSURED, the policy(les) 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). CONTACT NAME: U.S. Insurance Services, Inc. PRODUCER Phone: (219) 850-1001 Fax: (219) 942-4156 2 (29) 942-4156 U.S. INSURANCE SERVICES, INC. PHONE (A/C, No, Ext): (219) 850-1001
E-MAIL ACORESS: www.insurance 8085 RANDOLPH STREET www.insurancenumbers.com **HOBART IN 46342** INSURER(S) AFFORDING COVERAGE NAIC # 24228 INSURER A : Pekin Insurance Company BILL'S PROFESSIONAL PAINTING LLC 7310 EAST 107TH COURT INSURER C : **CROWN POINT IN 46307** INSURER D æ INSURER E INSURER F : REVISION NUMBER: CERTIFICATE NUMBER: 10836 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 CONTRACTOR 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.

FOR TYPE OF INSURANCE

ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY NUMBER

ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY NUMBER

ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY NUMBER

ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY NUMBER

TYPE OF INSURANCE

ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY NUMBER

TO SUCH POLICY SIZE

ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY NUMBER

TO SUCH POLICY SIZE

ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY NUMBER

TO SUCH POLICY SIZE

ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY NUMBER

TO SUCH POLICY SIZE

ADDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY NUMBER

TO SUCH POLICY SIZE

THE SUCH POLICY SIZE

ADDITION OF SUCH POLICY SIZE

POLICY NUMBER

TO SUCH POLICY SIZE

THE SUCH POLICY SIZE

TH 1,000,000 EACH OCCURRENCE Α DAMAGE TO RENTED 200,000 77 X COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurence) 5,000 1,000,000 the Lake County Recorder! MED. EXP (Any one person) CLAIMS-MADE X OCCUR PERSONAL & ADVINIURY GENERAL AGGREGATE PRODUCTS - COMPOP AGG  $\bigcirc$  (3,000,000 žė. GEN'L AGGREGATE LIMIT APPLIES PER POLICY PRO-72 Z COMBINEO SINGLE LINE CU 09/27/18 09/27/17 AUTOMOBILE LIABILITY 00P696695 A -£900,000 X ANY AUTO BODILY INJURY (Per person) SCHEDUS ED ALL OWNED 1,000,000 BODILY INJURY (Per secident), AUTOS AUTOS PROPERTY DAMAGE NON-OWNED 1,000,000 HIRED AUTOS AUTOS \$ 09/27/18 EACH OCCURRENCE S 1,000,000 X OCCUR CU30659 09/27/17 X UMBRELLA LIAB A 1,000,000 AGGREGATE \$ CLAIMS-MADE EXCESS LIAB DED X RETENTION \$ 2 10,000 X WC STATU-TORY LIMITS OTH ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 08/27/17 09/27/18 YIN 500,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? É.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE 500,000 (Mandatory in NH) If yes, describe under OESCRIPTION OF OPERATIONS below E.L. DISEASE POLICY LIMIT S 500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) **Painting Contractor** CERTIFICATE HOLDER CANCELLATION Lake County Plan Commission SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Planning & Building Depts THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 2293 North Main Street, Suite 11 ACCORDANCE WITH THE POLICY PROVISIONS. Crown Point, IN 46307-1899 AUTHORIZEO REPRESENTATIVE An J. Serletie P: (219) 756-3700 / F: (219) 755-3712 Attention:

© 1988-2010 ACORD CORPORATION. All rights reserved.

John J. Serletic