CORD

ACORD 25 (2016/03)

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2019

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 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 MaryJo Nalezny Meyers Glaros Group, LLC !22 Indianapolis Blvd, Suite 203 Schererville, IN 46375 PHONE (A/C, No, Ext) FAX (A/C, No): (219) 865-6443 E-MAIL ADDRESS: maryjo.nalezny@meyersglaros.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Westfield Insurance Company 24112 NSURED INSURER B : Technology Insurance Co. 42376 L&J Construction, LLC INSURER C 637 Redbud Lane INSURER D Lowell, IN 46356 INSTIDED

			INSURER F :			
	RTIFICATE NU				REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUC	Y PERTAIN THE	INSURANCE AFFORE	N OF ANY CONTRA	CT OR OTHER	RED NAMED ABOVE FOR THE R DOCUMENT WITH RESPEC	
VSR TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
A X COMMERCIAL GENERAL LIABILITY			[MIMIODITITITY]	[MIMIDUITTYY]		2,000,000
CLAIMS-MADE X OCCUR	CWI	P1585305	4/7/2019	4/7/2020	DAMAGE TO REVIED 5	500,000
		/ 1	1	100 0 1	PREMISES (Ea occurence) 5	5,000
			Docui	Hel	MED EXP (My one person) 5	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:		/			PERSONAL & ADVINJURY S	2,000,00
POLICY X PRO-			TOF		DEND OF COLORS	2,000,000
OTHER:						(3)
A AUTOMOBILE LIABILITY		This Do	oument	ic the	COMBINED SINGLE JIMIT PROPERTY OF BEODILY IN JURY (Per person) \$ COFTOCK (Per person) \$ PROPERTY DAMAGE	1,000,000
X ANY AUTO	ewi	1585305	4/7/2019	4/7/2020	property	
OWNED SCHEDULED AUTOS		the I	ake Con	inty F	Recorder	111
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		the I	ante Cot	mity i	PROPERTY DAMAGE	
					( or account)	-
A X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE 5	1,000,000
EXCESS LIAB CLAIMS-MAD	CWF	21585305	4/7/2019	4/7/2020	ACGREGATE 5	1,000,000
TOED 14 INCIDITIONS	D				3	
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A TAR	IN87876-03	4/10/2019	4/10/2020	E.L. EACH ACCIDENT S	1,000,000
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$	1,000,000
DESCRIPTION OF OPERATIONS below					EL DISEASE - POLICY LIMIT \$	1,000,000
				OTHER		
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC arry Espravnik is Excluded from Work Co	mp Coverage	dditional Remarks Schedule	, may be attached a more	space is redund		
ool Contractor					CE	
ERTIFICATE HOLDER			CANCELLATON	DIANA		
Lake County Planning Com 2293 North Main Street Crown Point, IN 46307	mission		SHOULD ANY OF THE EXPIRATION ACCORDANCE WIT	DATE THE	SCRIBED POLICIES BE CANCEREDE, NOTICE WILL BE PROVISIONS.	ELLED BEFORE DELIVERED IN
		А	UTHORIZED REPRESEN	TATIVE		

The ACORD name and logo are registered marks of ACORD

0 8

60

Jawa D. Meyen

© 1988-2015 ACORD CORPORATION. All rights reserved.

\$25000 JT3 /42275