

## CERTIFICATE OF LIABILITY INSURANCE

TKOC-01 OP ID: KA

DATE (MM/DD/YYYY)

04/29/2019

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 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

Lowell, IN 46356 Richard Pliske    ADDRESS: mpeterson@bekan.com     INSURER A: Liberty Mutual     INSURER A: Liberty Mutual     INSURER A: Liberty Mutual     INSURER B:     INSURER C:     INSURER C:     INSURER C:     INSURER E:     INSURER E:	BER: FOR THE POLICE RESPECT TO WILLIAMITS LIMITS Sence S rson S JURY S	NAIC# 1814  SY PERIOD HICH THIS
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WORKERS COMPENSATION PER STATUTE	OTH- ER	a belanen
A ANY EMPLOYERS LIABILITY  AND EMPLOYERS LIABILITY  WC58822304  WC58822304  O5/08/2019  O5/08/2020  FLEACH ACCIDENT		500,000
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		500,000
If yes, describe under DESCRIPTION OF OPERATIONS below  E.L. DISEASE - POLICY		500,000
BESONII HONOL OL ENATIONO BOOM		120

2293 N. Main

Crown Point, IN 46307

AUTHORIZED REPRESENTATIVE

Richard Pliske