OP ID: KS

DATE (MM/DD/YYYY) 06/12/2019

## CERTIFICATE OF LIABILITY INSURANCE

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.

PRODUCER 219-769-4840	CONTACT Kathy Scheidt PHONE (AIC, No, Ext): 219-769-4840  FAX, No, Ext): 219-769-0216	
Briggs Agency, Inc. 4000 West Lincoln Highway		
Merrillville, IN 46410	E-MAIL ADDRESS: Kathy@briggsagency.com	
Timothy A. Briggs	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : Property-Owners Insurance	32905
INSURED	INSURER B : Auto-Owners Insurance	18988
Crown Construction Contracting Contracting Ltd.	INSURER C:	
Contracting Ltd. 560 North Indiana Avenue Crown Point, IN 46307	INSURER D:	
	INSURER E :	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE ISTED BELOW HE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORM EXCLUSIONS AND CONDITIONS OF SUCH POLICIES IN THE SHOWN MAY HAVE THE TYPE OF INSURANCE ADDITIONS OF SUCH POLICIES IN THE POLICY NUMBER LTR.	DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL BEEN REDUCED BY PAID CLAIMS. POLICY ET POLICY EXP	WHICH THIS THE TERMS,
A X COMMERCIAL GENERAL LIABILITY This Document i	s the property of DAMAGE TO RENTED SERVICE (Ea occurrence).	1,000,000
CLAIMS-MADE X OCCUR 09115657	07/01/2019 07/01/2020 DAMAGE TO RENTED PREMISES (Ea occurrence) \$	50,000
the Lake Cou	nty Recorder! MED EXP (Any one person) \$	Contract of the Contract of th
	PERSONAL & ADV INJURY \$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE S	7 000 000
POLICY X PRO-	PRODUCTS - COMP/OP AGG \$	William Control
OTHER:  A AUTOMOBILE LIABILITY		<del>56</del> →51,000,000
	(Ea accident)	1,000,000
ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS	07/01/2019 07/01/2020 BODILY INJURY (Per person) \$	>
The state of the s	BODILY INJURY (Per accident) \$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident) \$	
B X UMBRELLA LIAB X OCCUR	\$	2,000,000
B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE 49-527-548-00	RS 0 87/01/2019 07/01/2020 EACH OCCURRENCE \$	2,000,000
DED X RETENTION\$ 10080	AGGREGATE	_,,,,,,,,
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	X PER STATUTE OTH-	
	07/01/2019 07/01/2020 E.L. EACH ACCIDENT \$	1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?	E.L. DISEASE - EA EMPLOYEE \$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below	ANALUS S. B.L. DISEASE - POLICY LIMIT \$	1,000,000
DESCRIPTION OF OPERATIONS DEIOW	ALL DISEASE - POLICY LIWIT 5	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Sched General Contractor	ule, may be attached if more space is required)	\$. D
APPENDING TO USE DEP	CANGELLATION	
CERTIFICATE HOLDER  LAKE009	CANCELLATION	
Lake County Planning	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DACCORDANCE WITH THE POLICY PROVISIONS.	
Commission Planning & Bldg. Dept.	AUTHORIZED REPRESENTATIVE	

2293 N. Main St.

ACORD