



# CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YY)  
03/28/2019

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 of this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. St. Louis, MO Office 4220 Duncan Ave., Suite 401 St. Louis, MO 63110	<b>CONTACT NAME</b>	
	<b>PHONE (A/C No. Ext):</b> (314) 719-5161	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS</b>	
	<b>PRODUCER CUSTOMER ID#:</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Greenwich Insurance Company	<b>NAIC #</b> 22322
<b>INSURER B:</b> XL Specialty Insurance Co.	37885	
<b>INSURER C:</b> AIG Europe Limited	AA1120841	
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED 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 OF THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR N/C	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
C	GENERAL LIABILITY			1070572	07/26/2017	01/01/2021	EACH OCCURRENCE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			US General Liab			DAMAGE TO RENTED PREMISES (Ea occurrence) \$400,000
	CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSON & ADV INJURY \$2,000,000
	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$4,000,000
A	AUTOMOBILE LIABILITY			CAH740962101	09/01/2018	09/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO			US Business Auto (AOS)			BODILY INJURY (Per person)
	ALL OWNED AUTOS						BODILY INJURY (Per accident)
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per Accident)
	HIRED AUTOS						
	NON OWNED AUTOS						
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		03097537	09/01/2018	09/01/2019	EACH OCCURRENCE \$5,000,000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		US Umbrella			AGGREGATE \$5,000,000
	DEDUCTIBLE						
	RETENTION						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	CWD740961901	09/01/2018	09/01/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
B	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED (Mandatory in NH)			US Work Comp (AOS)			OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		CWR740961901	09/01/2018	09/01/2019	E.L. EACH ACCIDENT \$1,000,000
		N		US Work Comp (WI)			E.L. DISEASE - EA EMPLOYEE \$1,000,000
D	Contractor Pollution Liability			PCPB-5002409-0617	06/28/2017	10/31/2021	E.L. DISEASE - POLICY LIMIT \$1,000,000
							Each Claim \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

### CERTIFICATE HOLDER

City of Lake Station  
3701 Fairview Avenue  
Lake Station, IN 46405

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERD IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Central, Inc.*

## IMPORTANT

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### DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

