ACORD _™ CERTIFICATE OF LIAI	BILITY INSURANCE 09/	MM/DDYYYY) 17/2019	
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(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 conferrights to the certificate holder in lieu of such endorsement(s).			
PRODUCER CONYACT Sandy Marchesi			
Konen Insurance Agency, Inc. PHONE (AIC, No. Ext): 630 897-4239 FAX (AIC, No. Ext): 630 897-4239			
570 Beverly Drive E-MAIL ADDRESS: sandy@konen.com			
Aurora, IL 60502	INSURER(S) AFFORDING COVERAGE	NAIC#	
	INSURER A : Auto-Owners Insurance		
INSURED G. S. Floor Designs, Inc.	INSURER B : StarNet Insurance Co	- 	
855 University Drive	INSURER C:	<u> </u>	
Arlington Heights, IL 60004		 	
	INSURER E:		
COVERAGES CERTIFICATE NUMBER:	INSURER F: REVISION NUMBER:		
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 THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			
A GENERAL LIABILITY		00,000	
		000===	
CLAIMS-MADE X OCCUR		00==	
Commonde N 0000		00,000	
		00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:		00,000	
POLICY PRO- JECT LOC	S		
A AUTOMOBILE LIABILITY 4897545200	10/01/2018 10/01/2019 COMBINED SINGLE LIMIT \$1,0	00,000	
X ANY AUTO	BODILY INJURY (Per person) S		
ALL OWNED SCHEDULED AUTOS	BODILY INJURY (Per accident) \$		
X HIRED AUTOS X AUTOS	PROPERTY DAMAGE (Per accident)		
	5		
A X UMBRELLA LIAB X OCCUR 4897545201	10/01/2018 10/01/2019 EACH OCCURRENCE \$5,0	00,000	
EXCESS LIAB CLANUS-MADE	AGGREGATE \$5,0	00,000	
DED RETENTIONS	5		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N BNUWC0129246	10/01/2018 10/01/2019 X MC STATU- OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE Y N/A		00,000	
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$1,0		
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$1,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACCRD 101, Additional Rema	arks Schedule, if more space is required)		
Additional Insured:			
Scope of work includes Speciality Flooring			

CERTIFICATE HOLDER CAN	CELLATION

Lake County Plan Commission 2293 N. Main Street Crown Point, IN 46307 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

\$35(10

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