**EROBBINS** 

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

ACORD

05/06/2019

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 NAME: PRODUCER FAX (A/C, No): Mesirow Insurance Services, Inc. 353 N Clark St 11th fl Chicago, IL 60654 PHONE (A/C, No, Ext): (312) 595-6200 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE 35289 INSURER A: Continental Insurance Company INSURER B : National Fire Insurance Company of Hartford 20478 INSURED INSURER C: Valley Forge Insurance Company 20508 R. Carlson & Sons Inc. 19140 104th Avenue INSURER D: Mokena, IL 60448 INSURER E: INSURER F : **REVISION NUMBER: CERTIFICATE NUMBER:** 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 THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF. POLICY EXP. (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** 1,000,000 COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurre X 500.000 CLAIMS-MADE X OCCUR 05/10/2019 05/10/2020 6076339920 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 **Jocument** is POLICY X PROF PRODUCTS - COMPIOP AGG OTHER: MBINED SINGLE LIMIT 1,000,000 В AUTOMOBILE LIABILITY 05/10/2020 X BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS OWNED AUTOS ONLY This Document is the property of NOTOS VANER X X HUTOS ONLY the Lake County Recorder! 10,000,000 X OCCUR UMBRELLA LIAB EACH OCCURRENCE 10.000.000 05/10/2019 05/10/2020 076339951 CLAIMS-MADE AGGREGATE **EXCESS LIAB** RETENTION \$ DED C X PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 Y/N N 05/10/2020 076339948 05/10/2019 E.L. EACH ACCIDENT NY PROPRIETOR/PARTNER/EXECUTIVE PFICER/MEMBER EXCLUDED? Mandatory in NH) 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 if yes, describe under DESCRIPTION OF OPERATIONS be E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Contracting STATE OF INDIANA 19-081302 LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN 9:18 AM RECORDER CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lake County Plan Commission 2293 North Main Street Crown Point, IN 46307 AUTHORIZED REPRESENTATIVE De P. Kanny

ACORD 25 (2016/03)

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