Client#: 90649 ACCEHOM

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/25/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

A STATE OF THE STA		(-)			
PRODUCER		CONTACT Sara Spurgeon			
MBAH Insurance 2663 Duncan Road Lafayette, IN 47904		PHONE (A/C, No, Ext): 765-420-1335 FAX (A/C, No): 765-742-7486 E-MAIL ADDRESS: sspurgeon@mbah.com			
		INSURER A: The Cincinnati Insurance Company	10677		
		INSURED		INSURER B: The Cincinnati Casualty Company	28665
Accent Homes In		INSURER C:			
2036 W 81st Ave		INSURER D:			
Merriiiviiie, in 40	Merrillville, IN 46410	INSURER E :			
		INSURER F :			
COVERAGES	CERTIFICATE NUMBER:	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.								
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF POLICY E		rs		
Α	X COMMERCIAL GENERAL LIABILITY		₽₽032639hent is the	01/01/2020 01/01/2	EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	s100.000		
	X PD Ded:500	1 1	the Lake County 1	Recorder!	MED EXP (Any one person)	s5,000		
					PERSONAL & ADV INJURY	s1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	\$2,000,000		
	POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	s2,000,000		
	OTHER:					\$		
Α	AUTOMOBILE LIABILITY		EPP0226291	01/01/2020 01/01/2	021 COMBINED SINGLE LIMIT (Ea accident)	s1,000,000		
	ANY AUTO				BODILY INJURY (Per person)	\$		
	OWNED X SCHEDULED AUTOS ONLY				BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	S		
	X Drive Oth Car		THE PARTY OF THE P			\$		
Α	X UMBRELLA LIAB X OCCUR		EPP0226291 (CDER'S)	01/01/2020 01/01/2	021 EACH OCCURRENCE	s2,000,000		
	EXCESS LIAB CLAIMS-MAQ	E			AGGREGATE	s2,000,000		
	DED X RETENTION \$0			<u>e</u>		\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		EWC0362675	01/91/2020 01/01/2	021 X PER OTH			
AND EMPLOYERS LABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	JEAL MOIANA		E.L. EACH ACCIDENT	s500,000		
		NIA		STEEL	E.L. DISEASE - EA EMPLOYEE	s500,000		
					E.L. DISEASE - POLICY LIMIT			

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

General Contractor

2019-082136

2019 Nov 27

2:35 PM

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

CERTIFICATE HOLDER	CANCELLATION		
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		