OP ID: KS

DATE (MM/DD/YYYY) 11/13/2019

CERTIFICATE OF LIABILITY INSURANCE

CORL

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 Kathy Scheidt
NAME:
PHONE
(A/C, No, Ext): 219-769-4840 219-769-4840 PRODUCER FAX (A/C, No): 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 24112 INSURER A: Westfield Insurance Company INSURER B: Higgins Overhead Door LLC 1305 Erie Court - Suite A Crown Point, IN 46307 INSURER C: INSURER D: INSURER E : INSURER F: **REVISION NUMBER:** COVERAGES CERTIFICATE 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 REQUICED BY PAID CLAIMS.

TYPE OF INSURANCE

ADDITIONAL POLICY SUBBRIDGE POLICY BY PAID CLAIMS.

POLICY EXP.

LIMITS 1,000,000 X COMMERCIAL GENERAL LIABILITY This Document is the property of **EACH OCCURRENCE** DAMAGE TO RENTED PRÉMISES (Ea occurrence) 500,000 CLAIMS-MADE | X | OCCUR 5,000 the Lake County Recorder! 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 PRODUCTS - COMP/OP AGG POLICY X IRCT OTHER: COMBINED SINGLE LIMIT 1.000.000 AUTOMOBILE LIABILITY 01/01/2020 01/01/2021 CWP0118237 Χ ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY NJURY (Per accident) PROPERTY DAMAGE (Per accident) X NON-OWNED HIRED AUTOS ONLY 2,000,000 X X EACH OCCURRENCE OCCUR **UMBRELLA LIAB** 2,000,000 01/01/2020 01/01/2021 **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED X RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE 01/01/2021 500,000 01/01/2020 WCP0118503 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 500,000 E.L. DISEASE - EA EMPLOYER 500,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Installation & Repair of overhead garage doors & operators STATE OF INDIANA 2019-083016 LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN 10:22 AM 2019 Dec 3 RECORDER CANCELLATION CERTIFICATE HOLDER LAKE003 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 Planning Commission AUTHORIZED REPRESENTATIVE 2293 North Main Street Crown Point, IN 46307