

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/02/2019

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).

PRODUCER	Lump Insurance Agency	Inc	CONTACT Abby Dorge			
	112 Mill Street		PHONE FAX (A/C, No, Ext): (A/C, No);			
	PO Box 155		E-MAIL ADDRESS:			
	Lowell, IN 46356		INSURER(S) AFFORDING COVERAGE	NAIC#		
			INSURER A: INDIANA FARMERS MUTUAL INS CO	22624		
INSURED	Carl Matury Construction		INSURER B: CNA Surety			
	353 N Nichols St Lowell, IN 46356		INSURER C:			
	20000, 00 10000		INSURER D:			
			INSURER E:			
			INSURER F:			
COVERAGES		CERTIFICATE NUMBER:	REVISION NUMBER:			

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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 CONTRACTOR 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 COAIMS.										
			POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS					
Α	COMMERCIAL GENERAL LIABILITY		S Document is the	04/06/2019 04/06/2020	EACH OCCURRENCE	\$ 1,000,000				
1	CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000				
		1	the Lake County l	Recorder!	MED EXP (Any one person)	s 5,000				
					PERSONAL & ADV INCOM	s 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGA	\$ 2,000,000				
	POLICY PRO- LOC				PRODUCTS - COMPIOP AGG	s 2,000,000				
	OTHER:				9	s				
Α	AUTOMOBILE LIABILITY		CAP1005112	04/0 6/2 <mark>019</mark> 04/06/2020	COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000				
l	ANY AUTO				BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY SCHEDULED AUTOS				BODILY INJURY (Per accident)	s				
	HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$				
<u> </u>					~~~	\$				
	UMBRELLA LIAB OCCUR		TUDER CO		EACH OCCURRENCE	\$				
l	EXCESS LIAB CLAIMS-MADE		1 St. 200		AGGREGATE	\$				
├	DED RETENTION \$ WORKERS COMPENSATION				DED LOTH	s				
	AND EMPLOYERS' LIABILITY			D	PER STATUTE ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A			E.L. EACH ACCIDENT	\$				
	(Mandatory in NH) If yes, describe under		JEAL SEAL	ST.	E.L. DISEASE - EA EMPLOYEE					
В	DÉSCRIPTION OF OPERATIONS below		60401847	01/01/2020 0x/01/2021	E.L. DISEASE POLICE MIT	\$ CO 5000				
ľ	Lake County Bond		00401044	01/01/2020 01/01/2021		5,000				
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1					AHID: 44	25				
						HIP OF				
1					•					

CERTIFICATE HOLDER

CANCELLATION

Lake County Plan Commission 2293 N Main St 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

Claul DONLYC

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