ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/17/2019

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 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).

uns cer	funcate does not comer	any rights to the certificate holder if					
PRODUCER			NAME: Tarah Bunch				
MBAH Insurance 2663 Duncan Road Lafayette, IN 47904			PHONE (A/C, No, Ext): 765-423-5421 (A/C, No): E-MAIL ADDRESS; tbunch@mbah.com				
			INSURER(S) AFFORDING COVERAGE	NAIC#			
			INSURER A: The Cincinnati Insurance Company	10677			
INSURED			INSURER B: Accident Fund General Insurance Co	12304			
	Kalma Custom Woo	•	INSURER C:				
11397 Sandpiper Street DeMotte, IN 46310			INSURER D:				
			INSURER E :				
			INSURER F:				
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:				

CO	VERAGES CER	TIFICATE I	NUMBER:			REVISION NUMBER:			
T	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 PEEN REDUCED BY PAID CLAIMS.								
INSF LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY	This	ENP0259282nent is	th 66/13/2019	9 <u>6/13/2030</u>	EACH OCCURRENCE \$300,000			
	X CLAIMS-MADE OCCUR		he Lake Coun	try Doone	loul	DAMAGE TO RENTED \$500,000			
l		4	He Lake Coun	ty ixecord	ici:	MED EXP (Arry one person) 10,000			
l						PERSONAL ADVINJURY 1,000,000			
l	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE = 32,000,000			
l	X POLICY PRO-					PRODUCTS COMP/OP AGG 2,000,000			
L	OTHER:					\$			
Α	AUTOMOBILE LIABILITY		ENP0259282	06/13/2019	06/13/2020	(Ea accident) 1,000,000			
	ANY AUTO					BODILY INJURY (Per person)			
ŀ	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)			
l	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)			
L						(Per accident)			
Α	X UMBRELLA LIAB X OCCUR		ENP0259282	06/13/2019	06/13/2020	EACH OCCURRENCE \$1,000,000			
١	EXCESS LIAB CLAIMS MADE		ATO RULLING	Q (E)		AGGREGATE \$1,000,000			
	DED RETENTION\$			O E		s			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCV6190628	06/13/2019	06/13/2020	X PER OTH- STATUTE ER			
ı	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT \$1,000,000			
	(Mandatory in NH)		E SEA	1,155		E.L. DISEASE - EA EMPLOYEE 13,000,000			
L	If yes, describe under DESCRIPTION OF OPERATIONS below		VIII/VDIA	NA. 1912		E.L. DISEASE - POLICE MINIT 183,000,000			
			The state of the s	III					
						高少 つ 単独の			
L	<u> </u>								
	scription of operations / Locations / Vehi pentry/Contractor	CLES (ACORD) 101, Additional Remarks Schedule	, may be attached if mo	on space is requ	AM IO 53			

CER	TIF	CATE	HOL	DER

Lake County Plan Commission 2293 N Main St Crown Point, IN 46307 CANCELLATION

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

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