Client#: 12046 **GARICON1** 

ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/09/2019

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).

PROPULATE		CONTACT		
PRODUCER		CONTACT MJ Insurance, Inc.		
MJ Insurance, Inc.		PHONE (A/C, No, Ext): 317 805-7542	FAX (A/C, No): 317 805-7515	
PO Box 3430 Carmel, IN 46082-3430		E-MAIL ADDRESS: certificate@mjinsurance.com		
		INSURER(S) AFFORDING C	OVERAGE NAIC #	
317 805-7500		INSURER A: Amerisure Insurance Company		
INSURED	Gariup Construction Co., Inc. P.O. Box 64879 Gary, IN 46401	INSURER B : Travelers Casualty & Surety Co	mpany 19038	
		INSURER C: Amerisure Mutual Insurance Co	23396	
		INSURER D :		
Gary, IN 46401		INSURER E :		
N.		INSURER F:		
COVERAGES	CERTIFICATE NUMBER:	REVISION	N NUMBER:	

CO	VERAGES CER	RTIFICATE NUMBER:	REVISION NUMBER:					
IN C E	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 SUBRINSE WVD POLICY NUMBER	MM/DD/XYYY) (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY	CPP2059219	01/01/2020 01/01/2021 EACH OCCURRENCE	\$1,000,000				
	CLAIMS-MADE X OCCUR	This Document is the	property of PAMAGE TO RENTED PAEMISES (Ea occurrence)	\$100,000				
1		the Lake County F	MED EXP (Any one person)	\$5,000				
1		the Lake County 1	PERSONAL & ADV INJURY	\$1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE	\$2,000,000				
	POLICY X PRO-		PRODUCTS - COMP/OP AGO	\$2,000,000				
	OTHER:			\$				
A	AUTOMOBILE LIABILITY	CA2059220	01/01/2020 01/01/2021 COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000				
	X ANY AUTO		BODILY NJURY (Per person)	\$				
1	OWNED SCHEDULED AUTOS		BODILY NJURY (Per accident	t) \$				
1	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident)	\$				
				\$				
В	X UMBRELLA LIAB X OCCUR	ZUP91M7232A20NFWW	01/01/2020 01/01/2021 EACH OCCURRENCE	\$25,000,000				
	EXCESS LIAB CLAIMS-MADE	SURDER'S OF	AGGREGATE	\$25,000,000				
	DED X RETENTION \$10,000			\$				
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		01/201/2020 01/01/2021 X PER STATUTE OT	1-				
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A 3A-IN & IL 3C-OTHER	E.L. EACH ACCIDENT	\$500,000				
	(Mandatory in NH)	STATES INS EXCEPT	E.L. DISEASE - EA EMPLOYE	s500,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below	UD OH WA WW &FRANA	E.L. DISEASE - POLICY LIMIT	s500,000				
11.5		The state of the s						
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

**General Contractor** 

2019-086377

2019 Dec 13

10:13 AM

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

CERTIFICATE HOLDER		CANCELLATION	
Lake County Plan Commission 2293 N Main St Crown Point, IN 46307	25	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
,,	141	AUTHORIZED REPRESENTATIVE	
	- AN	1.1 00	

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