



# CERTIFICATE OF LIABILITY INSURANCE

KIPPS-1

OP ID: TR

DATE (MM/DD/YYYY)

12/19/2019

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 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).

|   |   |                                    |
|---|---|------------------------------------|
| <b>PRODUCER</b><br>Braman Insurance Services<br>8001 Broadway, Suite 300<br>Merrillville, IN 46410-6286<br>Donald A. Biesen | <b>CONTACT NAME:</b> Tyra Ross            |                                    |
|   | <b>PHONE (A/C, No, Ext):</b> 219-682-1013 | <b>FAX (A/C, No):</b> 219-738-1833 |
| <b>E-MAIL ADDRESS:</b> tyra.ross@bramaninsurance.com  |   |                                    |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   | <b>NAIC #</b>                      |
| <b>INSURER A:</b> Society Insurance   |   | 15261                              |
| <b>INSURER B:</b>   |   |                                    |
| <b>INSURER C:</b>   |   |                                    |
| <b>INSURER D:</b>   |   |                                    |
| <b>INSURER E:</b>   |   |                                    |
| <b>INSURER F:</b>   |   |                                    |

**INSURED**  
 Kipp's Plumbing Inc.  
 800 East North St  
 Crown Point, IN 46307

**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 (MM/DD/YYYY)          | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|---------------------------------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> GENERAL LIABILITY  |                                 |               |                         |                         |  |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |                                 | BR160229150   | 11/07/2019              | 11/07/2020              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY   |                                 |               |                         |                         |  |
|          | <input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |                                 | CA16033672    | 11/07/2019              | 11/07/2020              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (PER ACCIDENT) \$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB  |                                 |               |                         |                         |  |
|          | <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> CLAIMS-MADE<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0  |                                 | UM16029152    | 11/07/2019              | 11/07/2020              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000   |
| A        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                                 |               |                         |                         |  |
|          | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> | N/A           | WC16029151              | 11/07/2019              | 11/07/2020   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Sc  
 Scope Residential Plumbing Contractor

2019-088216

2019 Dec 19

12:35 PM

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

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| <b>LAKE001</b><br><br>Lake County Plan Commission<br>Building Department<br>2293 North Main Street<br>Crown Point, IN 46307<br><br><i>25</i><br><i>2C 10736</i><br><i>AM</i> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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