

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/10/2020

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 cartificate doss not conter	rights to the certificate noider in field of s	ucn endorsement(s).			
PRODUCER Meyers Glaros Group, LLC		CONTACY NAME: Maryjo Nalezny PHONE 240 005 0447	Texv		
8605 Broadway		[(A/C, No. Ext): 219-865-644/	FAX (A/C, No); 219-86	5-6443	
Merrillville IN 46410		ADDRESS: Maryjo.nalezny@meyersglaros.com			
		INSURER(S) AFFORDING COVERAGE		NAIC#	
Mark Juran DBA: Titan Construction 3013 Hess Dr	TITACON-01	INSURER A: Meridian Security		23353	
		INSURER B : State Automobile Mutual		25135	
		INSURER C: FirstComp Insurance			
		INSURER D:			
Highland IN 46322		INSURER E :			
<u> </u>		INSURER F:			
COVEDACES	CERTIFICATE MUNICIPO, 470070 4070				

				E NUMBER: 179972407	0		REVISION NUMBER:	
I	HIS I	S TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY REPORTS MAY BE ISSUED OF MAY	S OF INSU	JRANCE LISTED BELOW H	HAVE BEEN ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POLICY PERIOD
, ,		FICATE IMATE DE 1330ED OR IVIAT	PERIAIN.		KURDUKK BRU PODCU	S DESCRIBE	D HEREIN IS SUBJECT TO	CT TO WHICH THIS
=	VCLC	ISIONS AND CONDITIONS OF SUCH	TPOLICIES	S. LIMITS SHOWN MAY HAY	VE BEEN REDUCED BY	PAID CLAIMS.	,	o her me remo,
INSR LTR	,	TYPE OF INSURANCE	INSO WV	POLICY NUMBER	POLICY/EFF (MM/OD/YYYY)	POLICY EXP (MMIDD/YYY)	LIMIT	8
^	X	COMMERCIAL GENERAL LIABILITY		BOP2605479	2/17/2020	2/17/2021	EACH OCCURRENCE	\$ 1,000,000
	_	CLAIMS-MADE X OCCUR	This	s Document i	is the prope	rty of	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
			1	the Lake Cou	ntv Record	er!	MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
1		L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMPIOP AGG	\$ 2,000,000
<u> </u>	1112	OTHER:						\$
В	AUI	OMOBILE LIABILITY		1000271492	8/10/2019	8/10/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
l		ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per person)	\$
Ĭ		AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
İ		AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	3
								\$
		UMBRELLA LIAB OCCUR		TUTT	Dichi		EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE	4	ALL RUL			AGGREGATE	\$
С		DED RETENTION \$ KERS COMPENSATION			TO E			\$
_	AND	EMPLOYERS' LIABILITY		MWC0143696-02	2/17/2020	2/17/2021	X PER STATUTE ER	
	OFFIC	ROPRIETOR/PARTNER/EXECUTIVE Y	NIA		# #		E.L. EACH ACCIDENT	\$ 500,000
	(Mane	datory in NH)			AL SE		E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	DÉSC	RIPTION OF OPERATIONS below		Very NO	IANA		E.L. DISEASE - POLICY LIMIT	\$ 500,000
					muu			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mark Juran is excluded from Work Comp coverage.

Carpentry Contractor

2020-010807

2020 Feb 13

8:44 AM

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

CERTIFICATE HOLDER	CANCELLATION		
Lake County Planning Commission 2293 North Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Crown Point IN 46307 USA	AUTHORIZED REPRESENTATIVE		
	Java D. Neger		