

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/26/2020

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 certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: PRODUCER CHARLES & CASASSA INSURANCE, INC. FAX (A/C, No): PO BOX 966 CROWN POINT, IN 46308-0966 INSURER(S) AFFORDING COVERAGE
SCOTTSDALE INSURANCE COMPANY NAIC # INSURER A: PROGRESSIVE SOUTHEASTERN INS. CO. OUTDOOR SPECIALIST, LLC. INSURER B: 17224 HOLTZ RD. TECHNOLOGY, AM TRUST GROUP **LOWELL, IN 46356** INSURER D INSURER E : INSURER F: REVISION NUMBER: **CERTIFICATE NUMBER: COVERAGES** 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.

TYPE OF INSURANCE

ADDL SUBR POLICY NUMBER

ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) 4/10/2020 4/10/2021 POLICY NUMBER CPS3362169 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 **COMMERCIAL GENERAL LIABILITY** \$ 100.000 CLAIMS-MADE OCCUR 5.000 MED EXP (Any one person) 1.000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 POLICY PRO- LOC PRODUCTS - COMP/OP AGG Jocument is OTHER: OMBINED SINGLE LIMIT 1,000,000 В AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ This Document is the property of \$ the Lake County XBS0120884 \$ 1.000.000 UMBRELLA LIAB EACH OCCURRENCE \$ Α 1,000,000 EXCESS LIAB AGGREGATE \$ CLAIMS-MADE DED RETENTION \$ 4/7/2021 STATUTE TARIN42734-08 4/7/2020 C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1,000,000 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y 1,000,000 E.L. DISEASE - EA EMPLOYEE s (Mandatory in NH) 1.000,000 if yes, describe under DESCRIPTION OF OPERATIONS being E.L. DISEASE - POLICY LIMIT THIS SPACE LEFT INTENTIONALLY BLANK DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be strached if more space is required) THE OWNER IS EXCLUDED ON THE WORKERS COMPENSATION POLICY. SWIMMING POOL CONTRACT STATE OF INDIANA LAKE COUNTY THIS CERTIFICATE OF INSURANCE REPRE-2020-022106 SENTS COVERAGE CURRENTLY IN EFFECT FILED FOR RECORD AND MAY OR MAY NOT BE IN COMPLIANCE 10:39 AM MICHAEL & BROWN WITH ANY WRITTEN CONTRACT. 2020 Apr 21 **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

LAKÉ COUNTY PLAN COMMISSION 2293 NORTH MAIN STREET CROWN POINT, IN 46307 75'

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD