



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2020

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Sharon VanWyhe	
Region Insurance Group		<b>PHONE (A/C, No, Ext):</b> 2192132306	<b>FAX (A/C, No):</b>
7877 E. 108th Ave		<b>E-MAIL ADDRESS:</b> sharon@regionins.com	
Crown Point	IN 46307	<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> EMPLOYERS MUT CAS CO	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
		<b>NAIC #</b> 21415	

**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	ADD. SUBR. INSD WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		6D21689	06/15/2020	06/15/2021	<b>EACH OCCURRENCE</b> \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ 300,000
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>					<b>MED EXP (Any one person)</b> \$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					<b>PERSONAL &amp; ADV INJURY</b> \$ 1,000,000
	<b>OTHER:</b>					<b>GENERAL AGGREGATE</b> \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>					<b>PRODUCTS - COM/OP AGG</b> \$ 2,000,000
	<input type="checkbox"/> ANY AUTO					<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				<b>BODILY INJURY (Per accident)</b> \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				<b>PROPERTY DAMAGE (Per accident)</b> \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					<b>EACH OCCURRENCE</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					<b>AGGREGATE</b> \$
A	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	6H21689	06/15/2020	06/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
		N/A				<b>E.L. EACH ACCIDENT</b> \$ 100,000
						<b>E.L. DISEASE - EA EMPLOYEE</b> \$ 100,000
						<b>E.L. DISEASE - POLICY LIMIT</b> \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## 2020-048797

2020 Jul 30 8:39 AM

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Town of St. John	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10955 W. 93rd Ave.	<b>AUTHORIZED REPRESENTATIVE</b>
St. John IN 46373	Timothy Verduin