Client#: 1759326 RESTOBUI

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/29/2020

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(les) 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).

CONTACT Jack Coomber

USI Insurance Services 333 Westchester Ave, Suite 102								PHONE (A/C, No, Ext): 914 459-6200 (A/C, No): 610 537-4220						
								E-MAIL lack Coombor@usi com						
White Plains, NY 10604							۲	AUUNESS:						
914 459-6200							-	INSURER(S) AFFORDING COVERAGE INSURER A : United Specialty Insurance Company						NAIC #
INSURED								INSURER B : United Wisconsin Insurance Company						29157
Neighborhood Restoration Company														29137
188 W. Industrial Dr							<u> </u>	INSURER C:						
Elmhurst, IL. 60126							INSURER D:							
								INSURER E:						
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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 OF 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.														IICH THIS
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В		DED RETENTION \$ WORKERS COMPENSATION WC550, DOCTOR DOCTO					1000 67	11 6	E) 1 (2020	01/01/2021	/			
ľ	٦	AND EMPLOYERS' LIABILITY							1/2020	01/01/2024			\$1,000,000	
L	ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A			SEA	Land S	<u> </u>		E.L. EACH ACCID						
ı	(Mandatory in NH) If yes, describe under			MOIA!	VA. LECT			E.L. DISEASE - EA EMPLOYEE \$1,00						
<u> </u>		DESCRIPTION OF OPERATIONS below				1001111			/	E.L. DISEASE - POLICY LIMIT		\$ 1,00	0,000	
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			TION OF OPERATIONS						ittached if mo	ire space is requ	ired)			
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1			lowing entity is				•			enina hon	.y, सारवा			
required by written contract: Lake County Plan Commission, General Contractor														
CERTIFICATE HOLDER								CANCELLATION						
Lake County Plan Commission								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						

2293 N. Main St.

Crown Point, IN 46307

AUTHORIZED REPRESENTATIVE

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