

ERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/17/2020

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 rights to the certificate holder in fleu of such endorsement(s). | | |
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| PRODUCER | CONTACT Willis Towers Watson Certificate Center | |
| Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA | PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888- | -467-2378 |
| | E-MAIL ADDRESS: certificates@willis.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC# |
| | INSURER A: Old Republic Insurance Company | 24147 |
| INSURED Lakeside Insulation, LLC DBA Thermaseal / Lakeside Insulation 770 Industrial Drive, Units A,B & C Cary, IL 60013 | INSURER B: American Guarantee and Liability Insurance | 26247 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

CERTIFICATE NUMBER: W17823034 **REVISION 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 ADDL SUBR INSR LTR TYPE OF INSURANCE LIMITS COMMERCIAL GENERAL LIABILITY 2,000,000 EACH OCCURRENCE This Document is the property of DAMAGE TO RENTED 1,000,000 CLAIMS-MADE | X | OCCUR S PREMISES (Ea occurrence) 10,000 A the Lake County Recorder 101/2021 MED EXP (Any one person) 2,000,000 PERSONAL & ADV INJURY \$ 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE

\$ OTHER. COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 5,000,000 BODILY INJURY (Per person) ŝ ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED MWTB 314252 20 10/01/2020 10/01/2021 BODILY INJURY (Per accident) \$ AUTOS ONLY PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY S ×

\$ 10,000,000 **UMBRELLA LIAB** EACH OCCURRENCE × s **OCCUR** В AUC 9314206-09R S 10/01/2020 10/01/2021 10,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED X RETENTION \$ 0 s WORKERS COMPENSATION X | STATUTE AND EMPLOYERS' LIABILITY

1,000,000 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? A E.L. EACH ACCIDENT No N/A 10/01/2020 10/01/2021 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE f yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT | \$

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

RE: Insulation Contractor

POLICY X PRO-

A

X Loc

2020-073494

2020 Oct 14

1:04 PM

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

PRODUCTS - COMP/OP AGG

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| CERTIFICATE HOLDER | CANCELLATION |
|--|--|
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Lake County Plan Commission | AUTHORIZED REPRESENTATIVE |
| 2293 N. Main St. Crown Point, IN 46307 | Kevin Glaszow |
| | O JOSE COLO A CORP. CORPORATION. All students |

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