**YSTRAYER** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/5/2020

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.

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).

PRO	DUCER	LINE IN THE	1 7010 01				
Pinr	nacle ins Group of Indiana, inc.	PHONE (A/C, No, Ext): (219) 663-2483 FAX (A/C, No):					
	E Joliet St.	E-MAIL	vvette@r	innacleins		50,110,1	
Cro	wn Point, IN 46307	ADDRESS:	•				
					RDING COVERAGE		NAIC#
		INSURER B : Liberty County Mutual Insurance Company					27987
INSU	RED	INSURER E	B:Liberty (	<u>County Mu</u>	<u>ıtual İnsurance </u>	<u>Company</u>	19544
	Joshua Gunter DBA JDG Construction Services	INSURER C	C:				
	8019 Miller Lane	INSURER D:					
	Hobart, IN 46342	INSURER E :					
		INSURER F	F:				
<u></u>	VERAGES CERTIFICATE NUMBER:				REVISION NUME	BER:	
TI	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	VHAVE BEE	N ISSUED T				DLICY PERIOD
IN	IDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF STREET OF CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE	ON OF ANY	Y CONTRAC	T OR OTHER	R DOCUMENT WITH	RESPECT TO	OWHICH THIS
INSR LTR		P	OLICY EFF	POLICY EXP		LIMITS	
A	X COMMERCIAL GENERAL LIABILITY This Document:	is the	prope	erty of	EACH OCCURRENCE	s	1,000,000
•			1/1/2020	•	DAMAGE TO RENTED PREMISES (Ea occurre		50,000
	CLAIMS-MADE X OCCUR	inty R	Record	ner:			5,000
					MED EXP (Any one per	rson) \$	1,000,000
					PERSONAL & ADV INJ	JURY \$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGA	TE \$	
	X POLICY PRO:				PRODUCTS - COMP/C	PAGG \$	2,000,000
	OTHER:					\$	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LI (Ea accident)	iMIT s	
	ANY AUTO				BODILY INJURY (Per p	person) \$	
	OWNED AUTOS ONLY SCHEDULED AUTOS ONLY				BODILY INJURY (Per a		-
					PROPERTY DAMAGE (Per accident)	s	
	AUTOS ONLY AUTOS ONLY				(Per accident)		
		ШШ				<u> </u>	
	UMBRELLA LIAB OCCUR	ER'S			EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE	- X			AGGREGATE	<u> </u>	
	DED RETENTION\$		2E			\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X PER STATUTE	OTH- ER	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  WC5-39S-730321-020	11/1/2020		11/1/2021	E.L. EACH ACCIDENT	s	500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		3		E.L. DISEASE - EA EM		500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	DIANA	<i>y</i>		E.L. DISEASE - POLIC		500,000
	DESCRIPTION OF OPERATIONS below	Milita			E.L. DISEASE - POLIC	T LIMIT 5	
			1				
DES Gen	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schederal & Carpentry Contractor				STAT	E OF INDIA	
		20	)2U-O	81139	9LAI	KE COUNT	
					FILED	FOR REC	
		2020	Nov 6	9:25	<b>A A A I V I</b>	LEL B BRO	
				0.20	RI RI	ECORDER	
	PTIFICATE UOI DED	-					
UE	RTIFICATE HOLDER	- CANCE	LLATION				
	LAKE COUNTY PLAN COMMISSION 2293 N MAIN ST CROWN POINT, IN 46307	THE I	EXPIRATION RDANCE WIT	DATE THE	ESCRIBED POLICIE IEREOF, NOTICE CY PROVISIONS.	S BE CANCE WILL BE D	LED BEFORE ELIVERED IN
	$\sim 10^{-1}$	AUTHORIZ	ED REPRESEI	I A IVE			
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