OT AN OFFICIAL DOCUM

CERTIFICATE OF LIABILITY INSURANCE

2/25/2021

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.					
	ne 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).						
ODUCER	CONTACT Vickie Porter CIC					

MacLennan & Bain Insurance IONE IC, No. Ext): 219-263-0743 FAX (AC, No): 219-464-9826 214 Aberdeen Drive DRESS: vickie@maclennanbain.com Valparaiso IN 46385 INSURER(S) AFFORDING COVERAGE NAIC# 24082 INSURER A: Ohio Security Insurance Co DIAMPET-C INSURED 24074 INSURER B: The Ohio Casualty Insurance Co Diamond Peak Group LLC INSURER c: West American Insurance Co 44393 Diamond Peak Homes LLC 1313 White Hawk Dr INSURER D: Crown Point IN 46307 INSURER E: INSURER F :

COVERAGES CERTIFICATE NUMBER: 191466942 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. JADDL SUBR POLICY EFF | POLICY EXP

LTR	TYPE OF INSURANCE	INSD! WV	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
В	X COMMERCIAL GENERAL LIABILITY		BIO58668410	3/16/2021	3/16/2022	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR	1 10	2.0			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
				ł		MED EXP (Any one person)	\$ 15,000
1						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1 1	100.	i		GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- LOC	1 1	9/2			PRODUCTS - COMPIOP AGG	\$2,000,000
	OTHER:		T				5
A	AUTOMOBILE LIABILITY		BAS58668410	3/16/2021	3/16/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
1	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS	i I	[('			BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY			4		PROPERTY DAMAGE (Per accident)	\$
	Human Human			V			\$
В	X UMBRELLA LIAB X OCCUR		USO58668410	3/16/2021	3/16/2022	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE		1	1//×		AGGREGATE	\$2,000,000
1	DED X RETENTIONS n	i L		- (1	1		s
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	l N	XWW58668410	3/16/2021	3/16/2022	X PER OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	s 1,000,000
	(Mandatory in NH)	"/A		4	1	E.L. DISEASE - EA EMPLOYEE	s 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below				10	E.L. DISEASE - POLICY LIMIT	s 1,000,000
Г						-	

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

> GINA PIMENTEL RECORDER

2021-017740

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

11:40 AM 2021 Feb 26

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 2293 N Main St Suite 11

Crown Point IN 46307 USA

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