A DERDETE I CAMPUNDANC UM FORTENDANC UM FORE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFERMATIVELY OR RECENTIFICATE WHICH DEPARTMENT OF A CHECATIVELY AMEND, EXTEND OR A LITER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURENCES DOES NOT CONSTRUCT BETWEEN THE ISSUING MISURENTS, AUTHORIZED REPRESENTATIVE OR PRODUCES, AND THE CEPTIFICATE UPON THE ACTIVITY OF REPORT OF THE TRANSPORT OF THE PROPERTY OF THE

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 SUBPROADTION IS WAVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

ti	his ce	tificate does not confer rights to	the	certi	ficate holder in lieu of suc	h endo	rsement(s).	,,		· outcom	Ann On
PRODUCER						CONTACT NAME:					
Insurance Associates of Indiana											
10412 Swiftsail Lane											
		Indianapolis, IN 46256				ADDRE					
						INSURER(8) AFFORDING COVERAGE				NAICE	
Delita a de la companya de la compan							INSURER A: PROPERTY-OWNERS INS CO				32905
INSURED Bright Star Construction Corp						INSURER B: AUTO-OWNERS INS CO					18988
16002 Chestnut St						INSURER C:				-	
Low ell, IN 463569326						INSURER D :					
							INSURER E:				
							INSURER F:				
	VERA				NUMBER:	REVISION NUMBER:					
C	ERTIFI XCLUS	TO CERTIFY THAT THE POLICIES OF ANY REC ED. NOTWITHSTANDING ANY REC CATE MAY BE ISSUED OR MAY P IONS AND CONDITIONS OF SUCH P	ERTA OLICI	IN, T ES, L	I', TERM OR CONDITION OF HE INSURANCE AFFORDED IMITS SHOWN MAY HAVE BE	ANY C	CONTRACT OF JUCED BY PAIN TO THE POLICIES OF	ROTHER DOC DESCRIBED H DCLAIMS.	UMENT WITH RESPECT TO EREIN IS SUBJECT TO AL		
INSR LTR			ADDL	SUBR	POLICY NUMBER		(MINIDOYYYY)	(MM/DDYYYY)	LIMITS		
Α	V	OMMERCIAL GENERAL LIABILITY		1	09973355		03/13/2021	03/13/2022	EACH OCCURRENCE	ls.	1,000,00
	Ш	CLAIMS-MADE OCCUR	-				ĺ		DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,00
	Щ.			. (D ₂₀				MED EXP (Any one person)	5	10,00
	凵.								PERSONAL & ADV INJURY	s	1,000,00
	$\overline{}$	AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	s	2,000,00
	<u>ا</u> ــــا	OLICY PRO- LOC			100.				PRODUCTS - COMPIOP AGG	2	2,000,00
		THER:			9/					s	
Α		MOBILE LIABILITY		!	4794445304		03/13/2021	03/13/2022	COMBINED SINGLE LIMT (Ea socident)	\$	1,000,00
		OTUA YA			, (V)				BODILY INJURY (Per person)	s	
	1 7	WNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	s	
	1	HIRED NON-OWNED AUTOS ONLY			()			PROPERTY DAMAGE (Per accident)	s		
	<u></u>					_				s	
	-	MBRELLA LIAB OCCUR				0	// .		EACH OCCURRENCE	3	
	- 1	XCES9 LIAB CLAIMS-MADE					44		AGGREGATE	s	
		ED RETENTIONS					11/				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required 501 East Commercial, Low ell, IN 46356 General Contractor, Framing, Constructo

MIA

09025533

09973355

GINA PIMENTEL RECORDER

03/13/2021 03/13/2022

03/13/2021 03/13/2022

2021-031081

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2:28 PM 2021 Apr 8

500,000

500,000

500,000

CERTIFICATE HOLDER	CANCELLATION
Lake County Plan Commission 2293 N Main Street	SHOULD ANY OF THE ABOVE DESCRIBED POLICES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Crow n Point, IN 46307	Some Does a dil

V STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE'S

E.L. DISEASE - POLICY LIMIT S

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)