T AN OFFICIAL DOMES! MENTEROPEING MANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND COMFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS INCERTIFICATE HOLDER, THIS CERTIFICATE LODES 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 dodos not confer rights to the certificate holder in lieu of such endorsement(s).

219-769-4840

Briggs Agency, Inc. 4000 West Lincoln Highway Merrillville, IN 46410 Timothy A. Briggs

General Contractor

CONTACT Kathy Scheidt

e_{o, Ext):} 219-769-4840 ess. Kathy@briggsagency.com

GINA PIMENTEL

RECORDER STATE OF INDIANA LAKE COUNTY FAX (A/C, No): 219-769-0216

2021-043409

2021 Jun 21

12:23 PM

					INSURE	RA: Westfie	ld Insuran	e Company		24112
INSURED Homes By L, Inc. Larry Leubcke						INSURER B:				
						INSURER C:				
P.O. Box 20 Crown Point, IN 46308-0020					INSURER D:					
					INSURER E :					
					INSURE	RF:				
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:				
IN C	HIS IS TO CERTIFY THAT THE POLICIE: DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME IAIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPEC	OT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD1	DL SUBR POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY		1					EACH OCCURRENCE	s	1,000,0
	CLAIMS-MADE X OCCUR		1	1495412		05/08/2021	05/08/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,0
								MED EXP (Any one person)	\$	5,0
				< _				PERSONAL & ADV INJURY	\$	1,000,0
	GEN'L AGGREGATE LIMIT APPLIES PER:			,0)				GENERAL AGGREGATE	\$	2,000,0
	POLICY X PRO: LOC			4/				PRODUCTS - COMP/OP AGG	\$	2,000,0
	OTHER:			10					\$	
Α	AUTOMOBILE LIABILITY			6				COMBINED SINGLE LIMIT (Ea accident)	s	1,000,0
	X ANYAUTO			1495412		05/08/2021	05/08/2022	BOD(LY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS			\	-/			BODILY INJURY (Per accident)	\$	
	X HIRED ONLY X NON-OWNED				\cup			PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α	UMBRELLA LIAB X OCCUR	П				(/)x		EACH OCCURRENCE	\$	1,000,0
	EXCESS LIAB CLAIMS-MADE			1495412		05/08/2021	05/08/2022	AGGREGATE	\$	1,000,0
	DED X RETENTIONS					1			s	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY							PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	n'^					, CA	E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	L						E L DISEASE - POLICY LIMIT	\$	
								0,0		
DES	CRIPTION OF OBERATIONS () COATIONS (VEVI		CORE	404 Addistant Damada Cabadal			!	- YO		

CERTIFICATE HOLDER

LAKE009

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

LAW COUNTY Planning & Bidg. Dept.
2293 N. Main St.

Crown Point, IN 46307