

NOT AN OFFICIAL DOCUMENT



KROOS-1

OP ID: LAW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/17/2021

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. 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).

PRODUCER **219-738-2526**

Braman Insurance Services
8001 Broadway, Suite 300
Merrillville, IN 46410-6286
Randy C. Vale

CONTACT **Lisa Witt**

PHONE (A/C, No, Ext): **219-738-2526**

FAX (A/C, No.): **219-738-1833**

E-MAIL ADDRESS: **lisa.witt@bramaninsurance.com**

INSURER(S) AFFORDING COVERAGE: **INSURER A: Acuity (Best Rating- A+, X)** NAIC # **14184**

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Krooswyk Trucking & Excavating, Inc.
Krooswyk Material, Inc.
9731 Indianapolis Boulevard
Highland, IN 48322

COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		K28746	07/02/2021	07/02/2022	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (EA occ/acc/prop) \$ 100,000
						MED EXP (Any acc/person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
GEN'L AGGREGATE LIMIT APPLIES PER:						
						POLICY <input checked="" type="checkbox"/> CO-LOC <input type="checkbox"/> LOC
						OTHER:
A	X AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90		K28746	07/02/2021	07/02/2022	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per person) \$
						\$
A	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ N/A		K28746	07/02/2021	07/02/2022	EACH OCCURRENCE \$ 3,000,000
						AGGREGATE \$ 3,000,000
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/ <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		K28746	07/02/2021	07/02/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Hired Equipment		K28746	07/02/2021	07/02/2022	Spec Form 165,000
A	Cargo Coverage		K28746	07/02/2021	07/02/2022	Spec Form 225,000

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

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-044439

11:18 AM 2021 Jun 28

CERTIFICATE HOLDER **CANCELLATION**

<p style="text-align: center;">LAKECO1</p> <p>Lake County Plan Commission 2293 North Main Street Crown Point, IN 46307</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: right; font-size: 24px; font-weight: bold;">25 cash TS</p>
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