DATE (MANDD/YYYY) 7/13/21

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(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 does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER

112 Mill Street Lowell, IN 46356					PHONE					
					PHONE LAG. No. Extl: E-MALL (AIC, No):					
1					ADDR	:85:				
INSURED Timothy Pratt					INSURER(S) AFFORDING COVERAGE					NAIC #
					INSURERA: INDIANA FARMERS MUTUAL INS CO					22624
DBA Pratt Construction				INSURER B: CNA Surety				CNASU		
ı	14500 w. 185th Ave.				INSUR	ERC:				
	Lowell, IN 46356				INSUR	ERD:				
					INSUR	ERE:				
	OVERAGES CFR				INSUR	ERF:				
		TIFI	CATE	NUMBER:				REVISION NUMBER:		
i	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY REC	OF I	NSUR	ANCE LISTED BELOW HAVE	BEEN	ISSUED TO T	HE INSURED	NAMED ABOVE FOR THE	POLICY	PERIOD
1 0	ERTIFICATE MAY BE ISSUED OR MAY D	EDT	SIM T	HE INCUMANCE ACCORDE	7111	CONTINUE O	K OTHER DO	CUMENT WITH RESPECT	O WHI	CH THIS
E	XCLUSIONS AND CONDITIONS OF SUCH F				EEN RE			JEKEIN IS SUBJECT TO A	LL THE	TERMS,
LTR		ADDI	SUBF	POLICY NUMBER		POLICY EFF	POLICY EXP	UM	***	
Α	COMMERCIAL GENERAL LIABILITY	0	T	CGL1000496	-	04/09/2021		EACH OCCURRENCE		500,000
	CLAIMS-MADE OCCUR	1	1 6	D.,				DAMAGE TO RENTED PREMISES (Ea occurrence)	S	
		i	1	YX".				PREMISES (Ea occurrence)	\$	100,000
		1	1	· /				MED EXP (Any one person)	\$	
	GEN'L AGGREGATE UMIT APPLIES PER:	1	I	< _		1		PERSONAL & ADV INJURY	\$	500,000
	POLICY PRO- LOC		1	,00				GENERAL AGGREGATE	5	1,000,000
	OTHER:			4/-		1		PRODUCTS - COMPIOP AGG	5	1,000,000
_	AUTOMOBILE LIABILITY	-	-	10/10					3	
	ANY AUTO		ı	CV	_	i	i	COMBINED SINGLE UMIT (Ea eccident)	5	
	CHANED COMMINER	1	1			1		BODILY INJURY (Per person)	3	
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY		l				ļ	BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY		l	`	$\overline{}$			PROPERTY DAMAGE (Per accident)	s	
			_		$\overline{}$	V .			s	
	UMBRELLA LIAB OCCUR					46		EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE					1/X		AGGREGATE	s	
	DED RETENTION 5		ļ			1		NOCILLONIE.	s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					-		PER OTH-	-	
	ANY PROPRIETOR PARTNER EXECUTIVE							E.L. EACH ACCIDENT	5	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA				1	1	E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below						(0)			
В	Lake County Bond	\vdash		14472480		02/25/2021	02/25/2024	E.L. DISEASE - POLICY LIMIT	s	
						CELGIEGE	ODESIZOE4			5000
								U _A		
DES	GRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	P /AC	0004	A Address No						
Con	eral Contractor	o the	יון שוט	II, Additional Remarks Schedule, 1	nay be en	tached if more spi	ace is required)	0/_		
OGII	eral Collabotol							·(O).		
				GINA PIMENTE	L	2024	0405	E0 -		
				RECORDER		2021	-0465	50		,0
				STATE OF INDIA					~	E. Cr 14.
				LAKE COUNTY		10:29 AN	1 2021	Jul 13		2 C TF.
_				FILED FOR RECO						
CE	RTIFICATE HOLDER	_			CANC	ELLATION				
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	CELLE	BEFORE
	Lake County Plan Commission		ACC	ORDANCE WIT	H THE POLICE	REOF, NOTICE WILL BE	DELIV	ERED IN		
	2293 N Main St		ACCORDANCE WITH THE POLICY PROVISIONS.							
	Crown Point, IN 46307				AUTHOR	CIZED REPRESEN	TATIVE A	1		
					VA	111	1 (1 1/		
					10	$u \omega$	\wedge \cup	Y V		
_		_			V	640	88.201E ACC	OBD COPPORATION :	n alada	
ACI	DDD 25 (2016/03)	TI		*ODD !		₩ 19	00-2015 AU	ORD CORPORATION. A	a nght	s reserved.