## OT AN OFFICIAL DOCUMENT

CERTIFICATE OF LIABILITY INSURANCE

ATE (MM/DD/YYYY)	
1/24/2020	

22667

43575

20699

FAX (A/C. No):

INSURER(S) AFFORDING COVERAGE

INSURER A : ACE American Insurance Company

INSURER B : Indemnity Ins Co Of North America

INSURER C : ACE Property And Casualty Ins Co

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

PHONE (A/C, No. Ext): E-MAIL ADDRESS:

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

PHILADELPHIA, PA 19103	_	INSURER D : ACE Fire Unde		20702			
PHIDADELPHIA, PA 19103	INSURER E :						
INSURER F:							
COVERAGES CER	TIFICATE NUMBER:	CLE-005523032-09	REVIS	SION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH IS	QUIREMENT, TERM OR CONDITION ( PERTAIN, THE INSURANCE AFFORDE POLICIES, LIMITS SHOWN MAY HAVE I	OF ANY CONTRACT OF ED BY THE POLICIES I	R OTHER DOCUM DESCRIBED HERI	MENT WITH RESPECT T	O WHICH THIS		
NSR TYPE OF INSURANCE		OLICY EXP	LIMITS				
A X COMMERCIAL GENERAL LIABILITY	INSD WVD POLICY NUMBER  XSL G71447510			OCCURRENCE \$	14,900,000		
CLAIMS-MADE X OCCUR	(1)		DAMAG	SE TO RENTED SES (Ea occurrence) \$	14,900,000		
X SIR: \$100.000					10.000		
^ SIK:\$100,000			1000		14.900.000		
<u> </u>			-	ONAL & ADV INJURY \$	60,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:	,00			RAL AGGREGATE \$	15,000,000		
X POLICY PRO- LOC	7/		PRODU	JCTS - COMP/OP AGG \$	15,000,000		
OTHER:	- Compression	40040000	COVIII	\$			
A AUTOMOBILE LIABILITY	ISAH25305590	12/01/2020 12		NED SINGLE LIMIT \$	15,000,000		
X ANY AUTO				Y INJURY (Per person) \$			
OWNED AUTOS ONLY AUTOS NON-OWNED		_1		Y INJURY (Per accident) \$			
AUTOS ONLY NON-OWNED AUTOS ONLY		$\overline{}$	PROPE (Per ac	ERTY DAMAGE \$			
		4/.		\$			
C X UMBRELLALIAB X OCCUR	XEU G27924840 006	12/01/2020 12	01/2021 EACH	OCCURRENCE \$	10,000,000		
EXCESS LIAB CLAIMS-MADE		- 1 ' /x	AGGRE	EGATE \$	10,000,000		
DED RETENTIONS		1 ' ( )	_	s			
B WORKERS COMPENSATION . AND EMPLOYERS' LIABILITY	WLR C67458928 (AOS)		01/2021 X P	ER OTH-			
A ANYPROPRIETOR/PARTNER/EXECUTIVE	WLR C67458965 (CA, MA)	12/01/2020 12	901/2021 E.L. EA	CH ACCIDENT \$	2,000,000		
D OFFICER/MEMBER EXCLUDED? N   N	N/A SCF C67459040 (WI)	12/01/2020 12	01/2021 E.L. DI	SEASE - EA EMPLOYEE \$	2,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below			EL DI	SEASE - POLICY LIMIT \$	2,000,000		
A Excess Workers Compensation	WCU C67459003 (WA)	12/01/2020 12		/Dis Employee/Dis Policy	2,000,000		
			SIR	).	5,000,000		
PERCENTION OF OFERATIONS I LOCATIONS I VENILLES. (ACCR08 131, Additional Research Schedule, may be attached if more space in required)  **Consult of Commission is included as Additional Insured with respect to General Liability policy and Auton  GINA PIMENTEL  RECORDER  STATE OF INDIANA  LAKE COUNTY  FILED FOR RECORD  2021 Jul 21  FILED FOR RECORD							
CERTIFICATE HOLDER		CANCELLATION					
Lake County Plan Commission 2293 N. Main St. Crown Point, IN 46307		SHOULD ANY OF THE THE EXPIRATION ACCORDANCE WITH	DATE THEREOF,	BED POLICIES BE CANCE , NOTICE WILL BE I VISIONS.	ELLED BEFORE DELIVERED IN		
	İ	AUTHORIZED REPRESENTATIVE of Marsh USA Inc.					
1		Manashi Mukhorjoo Manooni Muccreyee 75					
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PRODUCER MARSH USA INC.

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COMCAST BUSINESS CLASS SECURITY, LLC

D/B/A COMCAST BUSINESS SMARTOFFICE