

NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pkwy Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

Insured's Name and Address:

Richard Michalowicz Agency (103/822)
 13159 West 143rd Street
 Homer Glen, IL 60491
 (708)301-9090

Deady Roofing & Construction, Inc.
 PO box 158
 Crete, IL 60417

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES

This is to certify that 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.

| TYPE OF INSURANCE | POLICY NUMBER | POLICY TYPE | | LIMITS OF LIABILITY |
|---|---------------|-----------------------|------------------------|--|
| | | Effective (Mo,Day,Yr) | Expiration (Mo,Day,Yr) | |
| Homoowners/ Mobilehomeowners Liability | | | | Bodily Injury and Property Damage Each Occurrence |
| Boatowners Liability | | | | Bodily Injury and Property Damage Each Occurrence |
| Personal Umbrella Liability | | | | Bodily Injury and Property Damage Each Occurrence |
| Farm/Ranch Liability | | | | Farm & Personal Liability Each Occurrence Farm Employer's Liability Each Occurrence |
| Workers Compensation and Employers Liability + | 12XB6987-92 | 05/01/2021 | 5/01/2022 | Statutory ***** Each Accident \$ 500,000 Disease - Each Employee \$ 500,000 Disease - Policy Limit \$ 500,000 |
| General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/> | 12XH6692-01 | 5/01/2021 | 5/01/2022 | General Aggregate \$4,000,000 Products - Completed Operations Aggregate \$4,000,000 Personal and Advertising Injury \$2,000,000 Each Occurrence \$2,000,000 Damage to Premises Rented to You \$100,000 Medical Expense (Any One Person) \$5,000 |
| Businessowners Liability | | | | Each Occurrence ++ Aggregate ++ |
| Liquor Liability | | | | Common Cause Limit Aggregate Limit |
| Automobile Liability <input type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Nonowned Autos <input type="checkbox"/> | 12XB6987-05 | 5/01/2021 | 5/01/2022 | Bodily Injury - Each Person \$ 1,000,000 Bodily Injury - Each Accident \$ 1,000,000 Property Damage \$ 1,000,000 Bodily Injury & Property Damage Combined |
| Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/> | | | | Each Occurrence/Aggregate |

Other (Miscellaneous Coverages)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

Scope of work: Roofing

+ The individual or partners shown as insured have elected to be covered as employees under this policy.
 ++ Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS

CANCELLATION

**Lake County Planning
 Commission
 2293 N Main St
 Crown Point, IN 46307**

**GINA PIMENTEL
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD**

2021-057259

9:15 AM 2021 Aug 31

DATE ISSUED
8/30/2021

AUTHORIZED REPRESENTATIVE
Rick Michalowicz

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+ 2 copies #10435 TS