## OT AN OFFICIAL DOCUMEN

## CERTIFICATE OF LIABILITY INSURANCE

10/25/2021 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(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). CONTACT Lori Tournis

PHONE (AC, No, Ext): (219) 864-3333

E-MAIL ADDRESS: lori@midwestic.co FAX (A/C, No): (219) 864-9393 Midwest Insurance Center, Inc. 944 W. US Highway 30 fori@midwestic.com

| Scher  | rerville  |                 |             | IN 46375            | INSURE  | RA: Erie Insu              | rance Exchang              | је   |             | 26271   |
|--|---|-----------------|-------------|---------------------|---|----------------------------|----------------------------|--|-------------|---------|
| INSURED OLTHOF HOMES LLC   |   |                 |             |                     | INSURER B: Erie Insurance Property & Casualty Co. |                            |                            |  | 26830       |         |
|  |   |                 |             |                     | INSURER C:  |                            |                            |  |             |         |
| SEE ATTACHED FOR ADDL NAMED INSUREDS   |   |                 |             |                     |   | INSURER D :                |                            |  |             |         |
| 8051 WICKER AVE STEA   |   |                 |             |                     | INSURER E :                                       |                            |                            |  |             |         |
|  | ST JOHN   |                 |             | IN 46373-1003       | INSURE  | RF:                        |                            |  |             |         |
| COV  | ERAGES CER  | TIFIC           | ATE         | NUMBER: CL211025044 | 83  |                            |                            | REVISION NUMBER:                             |             |         |
| THIS STOCKTIVE THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NORMITISTANDING AN PEGILIBREMENT THAN OR COMMITION OF ANY CONTRACT OR OTHER POLICIEMENT WITH RESPECT OF MICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND COMMITIONS OF SUB-POLICIES. LINTS SHOWN MAY THAT BEEN REDUCED BY ADD CLAIMS. |   |                 |             |                     |   |                            |                            |  |             |         |
| INSR<br>LTR  | TYPE OF INSURANCE   | ADOL            | WVD         | POLICY NUMBER       |   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT  |             |         |
|  | COMMERCIAL GENERAL LIABILITY                              |                 |             |                     |   |                            |                            | EACH OCCURRENCE                              |             | 00,000  |
|  | CLAIMS-MADE X OCCUR                                       |                 |             | ノス                  |   |                            | 10/31/2022                 | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | s 1,00      | 00,000  |
| Γ  | _   |                 |             |                     | 10/31/2021  |                            |                            | MED EXP (Any one person)                     | s 5,000     |         |
| A  |   |                 | ı           | Q46-3150488         |   | 10/31/2021                 |                            | PERSONAL & ADV INJURY                        | s 1,000,000 |         |
|  | GENLAGGREGATE LIMITAPPLIES PER:                           |                 |             | 190                 |   |                            |                            | GENERAL AGGREGATE                            | •           | 00,000  |
|  | POLICY PRO-   |                 |             | 4/_                 |   |                            |                            | PRODUCTS - COMPIOP AGG                       | \$ 2,00     | 00,000  |
|  | OTHER:  |                 |             | 1/0                 |   |                            |                            |  | \$          |         |
|  | AUTOMOBILE LIABILITY                                      |                 |             | CA                  |   |                            |                            | COMBINED SINGLE LIMIT<br>(En accident)       | \$ 1,00     | 00,000  |
|  | X ANY AUTO  |                 | 1           |                     |   |                            |                            | BODILY INJURY (Per person)                   | s           |         |
| Α  | OWNED SCHEDULED AUTOS                                     |                 | Q10-3140035 |                     |   | 10/31/2021                 | 10/31/2022                 | BODILY INJURY (Per accident)                 | \$          |         |
|  | HIRED NON-OWNED AUTOS ONLY                                |                 |             |                     | 9,  |                            |                            | PROPERTY DAMAGE<br>(Per accident)            | \$          |         |
|  |   |                 |             |                     |   |                            |                            |  | \$          |         |
|  | UMBRELLA LIAB X OCCUR                                     |                 |             | Q34-3170125         | 10/31/202   | 7                          | 10/31/2022                 | EACH OCCURRENCE                              | s 10.0      | 000,000 |
| A [  | EXCESS LIAB CLAIMS-MADE                                   |                 |             |                     |   | 10/31/2021                 |                            | AGGREGATE                                    | s 10,0      | 000,000 |
|  | DED RETENTION \$ 0  |                 |             |                     |   |                            |                            | s  |             |         |
|  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY          | П               |             |                     |   |                            | X PER STATUTE OTH-         |  |             |         |
| _ [2   | ANY DRODRIETOR/DARTNER/EXECUTIVE                          | N/A Q94-8100117 |             | 10/31/2021          | 10/31/2022  | E.L. EACH ACCIDENT         |                            | 00,000                                       |             |         |
| - 16   | (Mandatory in NH)   | l"''            | Q94-8100117 |                     |   | 10/3//2021                 | 10/31/2022                 | E.L. DISEASE - EA EMPLOYEE                   |             | 00,000  |
| l i  | if yes, describe under<br>DESCRIPTION OF OPERATIONS below | l               |             |                     |   |                            | . 0                        | EIL DISEASE - POLICY LIMIT                   | s 1,00      | 00,000  |
|  |   |                 |             |                     |   |                            |                            | 0  |             |         |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Romarks Schedule, may be attached if more space is required)   |   |                 |             |                     |   |                            |                            |  |             |         |
| GEN  | ERAL CONTRACTOR-  |                 |             |                     |   |                            |                            | 40   |             |         |
|  |   |                 |             | G                   |   | IMENTEL                    |                            |  |             |         |
| RECORDER 2021-067806   |   |                 |             |                     |   |                            |                            |  |             |         |

STATE OF INDIANA LAKE COUNTY

9:10 AM 2021 Nov 17

| FILED FOR RECORD            |          |  |  |  |  |  |  |
|-----------------------------|----------|--|--|--|--|--|--|
| CERTIFICATE HOLDER          |          | CANCELLATION   |  |  |  |  |  |
| Lake County Plan Commission |          | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |  |  |  |
| 2200 HOIGH Main             |          | AUTHORIZED REPRESENTATIVE  |  |  |  |  |  |
| Crown Point                 | IN 46307 | Jh P. Sitterio   |  |  |  |  |  |
|                             |          | C 1000 001-10000 0000000000 AU 111-11  |  |  |  |  |  |

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| CORD                                   | ADDITIONAL REMAI | Page _                            | of |  |
|--|------------------|-----------------------------------|----|--|
| GENCY<br>lidwest Insurance Center, Inc |                  | NAMED INSURED<br>OLTHOF HOMES LLC |    |  |
| OLICY NUMBER                           |                  |                                   |    |  |

AGENCY CUSTOMER ID:

ECCCOTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes

NAMED INSURED:

CARRIER

OLTHOF HOMES LIC, HIGHLANDPARK PLACE DEVELOPMENT INC, REMAISSANCE DEVELOPMENT LIC, BRIAR CROSSINGS DEVELOPMENT LIC, AUBURN BERGADOW DEVELOPMENT LIC, ASSENT HALL DEVELOPMENT LIC, CHITCHP DEVELOPMENT LIC, CHITCH DEVELOPMENT CORP. OLTHOF DEVELOPMENT LIC, OP ENTERPRISES, OD LIMITED PARTINERSHIP, BRIAR COVE DEVELOPMENT LIC, THE ESTATES OF AUBURN MEADOW DEVELOPMENT LIC.

NAIC CODE

HEARTHSTONE/DYER DEVELOPMENT LLC. ROCKWELL DEVELOPMENT LLC

GROUSE POINTE DEVELOPMENT LLC, PRINCETON TOWNHOMES DEVELOPMENT LLC, CAMDEN WOODS DEVELOPMENT LLC, W.P. FARMS LLC, OLTHOF HOMES LLC-LAKE HILLS LLC.

PENTWATER DEVELOPMENT LLC. SADDLE CREEK DEVELOPMENT LLC.

UC FARMS LLC, BOULDER RIDGE DEVELOPMENT LLC.
WYNDHAM WOODS DEVELOPMENT LLC, THE PRESERVE DEVELOPMENT LLC, C.
WILLAGE CIRCLE DEVELOPMENT LLC, DEVER LEAF OF ST JOHN DEVELOPMENT LLC, COVINGTON DEVELOPMENT LLC, OH MONTGAGE LLC,
WILLAGE LAND ELDER LLC, HAMILTON SOLURE DEVELOPMENT LLC, AND CENTENNIAL OF CEDAR LAKE, HANDVER FARMS INC. CLITHOF

HOMES-PORTER COUNTY LLC,
OLTHOF HOMES - VALPRAISO LLC, OLTHOF HOMES - MEADOW GATE, OLTHOF HOMES-NORTH POINTLLC, OLTHOF HOMES - LAKE COUNTY

LLC & EMERALD CROSSING DEVELOPMENT LLC,
OLTHOF HOMES-NWI LOTS LLC, NORTH CENTENNIAL DEVELOPMENT LLC, MILL CREEK DEVELOPMENT LLC, OLTHOF HOMES - LAKE COUNTY

LLC, PENNINGTON DEVELOPMENT LLC, VILLAGE CIRCLE OF
DYFR DEVELOPMENT LLC, RANIFR INVESTMENTS LLC, MICKINLEY INVESTMENTS LLC, EMERALD CROSSING FARMS INC.

OLTHOF HOMES-EMERALD CROSSINGS LLC, OLTHOF HOMES-LAKE HILLS LLC, MORGAN'S CORNER AT COFFEE CREEK INC, SHELTON COVE DEVELOPMENT LLC, OFTHOF HOMES-ILLIONIS LLC, WATERMAN CROSSING DEVELOPMENT LLC MEADOW GATE DEVELOPMENT LLC, MISTWOOD DEVELOPMENT LLC, PEPER COVE DEVELOPMENT LLC, MISTWOOD DEVELOPMENT LLC, PEPER COVE DEVELOPMENT LLC & ROTOR DEVELOPMENT LCS ADDRESS DEVE

NWI DEVELOPMENT LLC, WALDEN CLEARING DEVELOPMENT LLC

OLTHOF HOMES-FORT WAYNE LLC
HANOVER DEVELOPMENT LLC
LINDLEY RUN DEVELOPMENT LLC
NORTHEAST INDIANAPOLIS DEVELOPMENT LLC
SOUTH LAKE COUNTY DEVELOPMENT LLC

INDIANA SOUTH SHORE DEVELOPMENT LLC CEDAR LAKE DEVELOPMENT LLC ATVATER DEVELOPMENT LLC LAKESHORE DEVELOPMENT LLC WALKERTON PARK DEVELOPMENT LLC INTEGRITY DEVELOPMENT LLC

SHORELINE DEVELOPMENT LLC PORTER COUNTY DEVELOPMENT LLC INDIANAPOLIS DEVELOPMENT LLC COLUMN PORTO DEVENO....