

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**11/29/2021**

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).

<b>PRODUCER</b> <b>Kadow-McMillan Insurance</b> 407 S. Main St Bourbonnais, IL 60914 License #: 00006751	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> June Aurella</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> (815)933-7974</td> <td><b>FAX (A/C, No):</b> (815)933-7972</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> junea@mcmillanins.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>NAIC #</b></td> </tr> <tr> <td colspan="2"><b>INSURER A :</b> SCOTTSDALE INSURANCE COMPANY</td> </tr> <tr> <td colspan="2"><b>INSURER B :</b> Liberty Mutual</td> </tr> <tr> <td colspan="2"><b>INSURER C :</b></td> </tr> <tr> <td colspan="2"><b>INSURER D :</b></td> </tr> <tr> <td colspan="2"><b>INSURER E :</b></td> </tr> <tr> <td colspan="2"><b>INSURER F :</b></td> </tr> </table>	<b>CONTACT NAME:</b> June Aurella		<b>PHONE (A/C, No, Ext):</b> (815)933-7974	<b>FAX (A/C, No):</b> (815)933-7972	<b>E-MAIL ADDRESS:</b> junea@mcmillanins.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>		<b>INSURER A :</b> SCOTTSDALE INSURANCE COMPANY		<b>INSURER B :</b> Liberty Mutual		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURED</b>  <b>NEUBERG CONSTRUCTION LLC</b> 317 W Victory Ave Watseka, IL 60970																							

**COVERAGES**      **CERTIFICATE NUMBER:** 00011965-217043      **REVISION NUMBER:** 11

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 INSD, WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER _____		<b>CPS7289010</b>	01/13/2021	01/13/2022	EACH OCCURRENCE \$ <b>1,000,000</b>	
		DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ <b>100,000</b>					
		MED EXP (Any one person) \$ <b>5,000</b>					
		PERSONAL & ADV INJURY \$ <b>1,000,000</b>					
		GENERAL AGGREGATE \$ <b>2,000,000</b>					
		PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>					
		COMBINED SINGLE LIMIT (Ea. accident) \$					
		BODILY INJURY (Per person) \$					
		BODILY INJURY (Per accident) \$					
		PROPERTY DAMAGE (Per accident) \$					
<b>B</b>	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED _____ RETENTION \$ _____		<b>WC5-33S-B21C8L-011</b>	11/24/2021	11/24/2022	EACH OCCURRENCE \$	
		AGGREGATE \$					
		EL DISEASE - POLICY LIMIT \$ <b>500,000</b>					
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	<b>WC5-33S-B21C8L-011</b>	11/24/2021	11/24/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
		Y				N/A	EL EACH ACCIDENT \$ <b>100,000</b>
							EL DISEASE - EA EMPLOYEE \$ <b>100,000</b>
							EL DISEASE - POLICY LIMIT \$ <b>500,000</b>

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

**General Contractor**

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

**2021-069069**  
  
**2:38 PM    2021 Nov 29**

**CERTIFICATE HOLDER**      **CANCELLATION**

<b>Lake County Planning Commission</b> 2293 N. Main Street Crown Point, IN 46307	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  (JMA)