

NOT AN OFFICIAL DOCUMENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2021

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).

PRODUCER Sycamore Insurance Associates LLC 999 Ohio Street Terre Haute IN 47807	CONTRACT NAME: Tracey Rader PHONE (A/C, No, Ext): (812) 242-1414 FAX (A/C, No): (812) 242-2042 E-MAIL ADDRESS: trader@sycamoreins.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Co.</td> <td></td> <td style="text-align: center;">10677</td> </tr> <tr> <td>INSURER B : Accident Fund Insurance Company</td> <td></td> <td style="text-align: center;">10166</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Cincinnati Insurance Co.		10677	INSURER B : Accident Fund Insurance Company		10166	INSURER C :			INSURER D :			INSURER F :		
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INSURED Lee Equipment Co., Inc d/b/a Lee Company, Inc. 27 S 12th Street Terre Haute IN 47807																			

COVERAGES **CERTIFICATE NUMBER:** CL2141904123 **REVISION NUMBER:**

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	ADCDISURH INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary/Non-Contributory	Y	EPP0612479	05/01/2021	05/01/2022	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (EA occurrence)					\$ 500,000	
	MED EXP (Any one person)					\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMPIO/AGG	\$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	N/A	EPP0612479	05/01/2021	05/01/2022	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000
	BODILY INJURY (Per person)					\$	
	BODILY INJURY (Per accident)					\$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB		EPP0612479	05/01/2021	05/01/2022	EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/> OCCUR						
	<input type="checkbox"/> CLAIMS-MADE						
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					AGGREGATE	\$ 10,000,000
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) if yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC 2724291 00	05/01/2021	05/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Inland Marine		EPP0612479	05/01/2021	05/01/2022	Temporary Storage	300,000
						Installation Floater	500,000
						Leased/Rented frm other	200,000

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

SCOPE: SPECIALTY/CAPRENTRY CONTRACTORS LICENSE. LAKE COUNTY PLAN COMMISSION (CERTIFICATE HOLDER) AND THE BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE, INDIANA ARE ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY IF REQUIRED BY WRITTEN CONTRACT

CERTIFICATE HOLDER

Lake County Plan Commission
2293 N Main St.

Crown Point IN 46307

GINA PIMENTEL
RECORDER
2021-070486
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
9:06 AM 2021 Dec 7

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

[Signature] 12/7/21