

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY)  
11/19/21

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000  
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NAME AND ADDRESS OF AGENCY CHURILLA INSURANCE 2842 45TH ST STE B HIGHLAND, IN 46322-2986	AGENT'S NO. FF1413	COMPANIES AFFORDING COVERAGE	
		Co.: C ERIE INSURANCE COMPANY	Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY
		Co.: E ERIE INSURANCE EXCHANGE	Co.: F ERIE INSURANCE COMPANY OF NEW YORK
		Co.: G ERIE INSURANCE COMPANY OF NEW YORK	Co.: H ERIE INSURANCE COMPANY OF NEW YORK

NAME AND ADDRESS OF NAMED INSURED CORY BARTON, DBA BARTON CONCRETE 5799 W 1450 N WHEATFIELD, IN 46392	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.	
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	Q36 1070257	12/10/21	12/10/22	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any One Fire) \$ MED EXP (Any One Person) \$ 5,000 PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OPR AGG \$ 2,000,000
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q12 1030612	12/10/21	12/10/22	BODILY INJURY (EACH PERSON) \$ BODILY INJURY (EACH ACCIDENT) \$ PROPERTY DAMAGE \$ BODILY INJURY AND PROPERTY DAMAGE (COMBINED) \$ 1,000,000
<input type="checkbox"/>	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$	Q36 1070257	12/10/21	12/10/22	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$ \$
	<b>WORKERS COMPENSATION &amp; EMPLOYERS LIABILITY</b>				STATUTORY BODILY INJURY BY ACCIDENT \$ EACH ACCIDENT DISEASE \$ POLICY LIMIT DISEASE \$ EACH EMPLOYEE
	<b>OTHER</b> GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD	<b>2021-070566</b>	9:53 AM	2021 Dec 7	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
CONCRETE CONTRACTOR

**CANCELLATION:** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

NAME AND ADDRESS OF CERTIFICATE HOLDER LAKE COUNTY PLAN COMMISSION 2293 N MAIN STREET CROWN POINT, IN 46307-1867	AUTHORIZED REPRESENTATIVE 
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