

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDD/YYYY)

08/01/2021

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> Jack Ogron & Co., Inc. 6929 Hohman Avenue Hammond IN 46324	<b>CONTACT</b> NAME: Keith M Tokoly PHONE (A/C No. Ext.): (219) 933-0075 FAX (A/C. No.): E-MAIL ADDRESS: ktokoly@ogroninsurance.com INSURER(S) AFFORDING COVERAGE: NAIC # INSURER A: Philadelphia Indemnity Insurance 18058 INSURER B: American Interstate Insurance Co 31895 INSURER C: RSUI Indemnity Company 22314 INSURER D: INSURER E: INSURER F:
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**COVERAGES**      **CERTIFICATE NUMBER:** Cert ID 8937      **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.

RIGHT	TYPE OF INSURANCE	ADD. COV.	POLICY NUMBER	POLICY EFF. DATE (MM/YY)	POLICY EXP. DATE (MM/YY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		PPK2309705	08/01/2021	08/01/2022	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person) \$ N/A		
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-RECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000		
	OTHER:					GENERAL AGGREGATE \$ 2,000,000		
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 2,000,000		
	<input type="checkbox"/> ANY AUTO					Empl Benefits Liab \$ 1,000,000		
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$		
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per person) \$		
						BODILY INJURY (Per accident) \$		
						PROPERTY DAMAGE (Per accident) \$		
						\$		
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		NRA095012	08/01/2021	08/01/2022	EACH OCCURRENCE \$ 5,000,000		
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000		
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		AVWCIN3016132021	08/01/2021	08/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH)					Y/N		E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					Y	N/A	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
								E.L. DISEASE - POLICY LIMIT \$ 1,000,000
						\$		
						\$		

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Scope of Work: General Contractor

**GINA PIMENTEL**  
**RECORDER**      **2021-070577**  
**STATE OF INDIANA**  
**LAKE COUNTY**      **11:51 AM 2021 Dec 7**  
**FILED FOR RECORD**

**CERTIFICATE HOLDER**      **CANCELLATION**

Lake County Plan Commission 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 <i>Keith M Tokoly</i>
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