

NOT AN OFFICIAL DOCUMENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/7/2021

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 Lighthouse Insurance Agency 8213 Wicker Ave St. John IN 46373 INSURED Bore It Corporation 7329 McConnell Ave LOWELL IN 46356-1767	CONTACT NAME: Burnes Barney PHONE: (219) 365-0066 FAX (A/C, No.): (A/C, No): E-MAIL ADDRESS: burnes@lighthouseagency.biz INSURERS' AFFORDING COVERAGE INSURER A: PROPERTY-OWNERS INS CO NAIC # 32905 INSURER B: AUTO OWNERS INS CO 18988 INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES **CERTIFICATE NUMBER:** **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	AUG	INSUR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				09683476	01/25/2022	01/25/2023	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> LOCUR			CHARGE TO RENTED PREMISES (Ea occurrence)				\$ 300,000	
	<input checked="" type="checkbox"/> Contractual Liability			MED EXP (Any one person)				\$ 10,000	
	<input checked="" type="checkbox"/> XCU Coverage			PERSONAL & ADV INJURY				\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,000,000
POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC								PRODUCTS - COMPIOP AGG	\$ 2,000,000
OTHER:									\$
B	AUTOMOBILE LIABILITY				4735924500	01/25/2022	01/25/2023	COMBINED SINGLE LIMIT (Ea accident)	\$
	<input checked="" type="checkbox"/> ANY AUTO			BODILY INJURY (Per person)				\$ 1,000,000	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$ 1,000,000
	<input type="checkbox"/> RENTED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ 100,000
									\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB				4668347601	01/25/2022	01/25/2023	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTIONS 10,000							TRIA	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				09014740	01/25/2022	01/25/2023	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER NUMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A					EL EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							EL DISEASE - EA EMPLOYEE	\$ 1,000,000
								EL DISEASE - POLICY LIMIT	\$ 1,000,000

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

Excavating/Directional Boring

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-071028

11:53 AM 2021 Dec 9

CERTIFICATE HOLDER Lake County Plan Commission Planning & Building Dept. 2293 N Main Street Crown Point IN 46307	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. AUTHORIZED REPRESENTATIVE Burnes T Barney
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