NOT AN OFFICIAL DOCUMENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MILIDOMY)

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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, cartain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Staci Pykor PRODUCES PHONE (A/C, No. Ext): (312) 595-6651 353 N Clark St 11th Floor Chicago, IL 60654 ACORESS: Staci.Pykor@Alliant.com INSURERIS) AFFORDING COVERAGE INSURER A: National Fire Insurance Company of Hartford 20478 INSURER B : Continental Insurance Company of New Jersey 42625 INSURED INSURER C: Continental Insurance Company 35289 G & H Developers Corporation 200 West Madison, Suite 4200 INSURER O: Transportation Insurance Company 20494 Chicago, IL 80606 INSURER E : Affiliated FM Insurance Company 10014 CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE 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 POLICY EFF POLICY EXP ADDL SUBR TYPE OF INSURANCE DOLLCY NUMBER 1.000.000 A X COMMERCIAL GENERAL LIABILITY 300,000 CLAIMS-MADE X OCCUR 4032808410 15,000 MED EXP (Any one person 1.000.000 PERSONAL & ADVINJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 2,000,000 POUCY PRO X LOC PRODUCTS - COMPIOP AGG OTHER BINED SINGLE LIMI 1 000 000 B AUTOMOBILE LIABILITY X ANY AUTO 4032808438 11/38/2021 11/38/2022 BOOKLY INJURY (Per per SCHEDULED CWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED 10.000.000 C X UNBRELLA LIAB X OCCUR EACH OCCURRENCE 11/30/2022 10.000.000 5023889805 11/30/2021 EVCERCITAD CLAURS-WAD **AGGREGATE** 10,000 DED X RETENTIONS PER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 6023905503 11/30/2021 11/30/2022 1.000,000 E L EACH ACCIDENT ANY PROPRIETOR PARTNER/EXECUTIVE OFFICERALEMBER EXCLUDED? (Mandatory in NR) 1,000,000 EL DISEASE - EN EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below 11/30/2021 11/30/2022 Blanket \$10,000 De 250,624,729 1093767 DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Includes Terrorism Coverage GINA PIMENTEL 2021-071034 Excess Liability: RECORDER Carrier Policy Number STATE OF INDIANA EX-6S49144A-21-NF \$15,000,000 LAKE COUNTY 12:44 PM 2021 Dec 9 \$15,000,000 FILED FOR RECORD SEE ATTACHED ACORD 101 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED REFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lake County Plan Commission 2293 N. Main St. Crown Point, IN 46307 AUTHORIZED REPRESENTATIVE @ 1988-2015 ACORD CORPORATION. All rights reserved. ACORD 25 (2016/03)

NOT AN OFFICIAL DOCUMENT

	AGEN	ICY CUSTOMER ID: G&HDEVE-01	SPYKOR
		LOC#: 0	
ACORD' ADDITION	ONAL REMA	RKS SCHEDULE	Page 1 of 1
AGENCY Mesirow Insurance Services, Inc.		MAMED INSURED G & H Developers Corporation	
POLICY NUMBER		G & H Developers Corporation 200 West Madison, Suite 4200 Chicago, IL 60606	
SEE PAGE 1			
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	
ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE			
FORM NUMBER: ACORD 25 FORM TITLE: Certificate	of Liability Insurance		
Description of Operations/Locations/Vehicles: Landmark LHA096210 Fireman's Fund USL008434215 Scottsdale MKLM3EUE101034	\$10,000,000 \$25,000,000 \$10,000,000 \$15,000,000		
General Contractor - Proof of Insurance			
Y OF	A A A A A A A A A A A A A A A A A A A	OUNTY RECORD	
ACORD 404 (2009/04)		© 2008 ACORD CORPORATION	ON All rights meanued