



NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF LIABILITY INSURANCE

Phone: (219)755-3225 Fax: (219)755-3712

DATE (MM/DD/YYYY)

11/17/2021

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).

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|---|---|------------------------------------|--|--|---------------------------------------|--|--|--------------------------------------|--|---|---------------------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| PRODUCER LEGACY Insurance Group PO BOX 2009 Cedar Lake, IN 46303 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Melissa Groot</td> </tr> <tr> <td>PHONE (Acct. No. Ext.): (219)374-5544</td> <td>FAX (Acct. No.): (219)374-5549</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: melissa@legacynsgroup.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: SECURA Insurance Companies</td> <td>NAIC # 22543</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | CONTACT NAME: Melissa Groot | | PHONE (Acct. No. Ext.): (219)374-5544 | FAX (Acct. No.): (219)374-5549 | E-MAIL ADDRESS: melissa@legacynsgroup.com | | INSURER(S) AFFORDING COVERAGE | | INSURER A: SECURA Insurance Companies | NAIC # 22543 | INSURER B: | | INSURER C: | | INSURER D: | | INSURER E: | |
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| INSURER D: | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | |
| INSURED Richard Triesenberg DBA: RT Construction 3030 Manchester Ln Schererville, IN 46375 | | | | | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 00000149-614705 **REVISION NUMBER:** 54

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.

| USER LTR | TYPE OF INSURANCE | ADDITIONAL INSURED (IND. BY/VS) | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS |
|----------|--|---------------------------------|---------------|-------------------------------|-------------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | TC3157105 | 01/01/2022 | 01/01/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (fla. occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/CP AGG \$ 2,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | A3157106 | 01/01/2022 | 01/01/2023 | COMBINED SINGLE LIMIT (EA accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory In RI) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | WC3157107 | 01/01/2022 | 01/01/2023 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks) _____

Carpentry Contractor

GINA PIMENTEL
RECORDER

2021-072275

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

11:00 AM 2021 Dec 20

CERTIFICATE HOLDER

 Lake County Plan Commission
 Planning & Building Departments
 2293 N Main St
 Crown Point, IN 46307
 25-
 1259
 RT

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

(MSG)

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