

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE(MMDD/YYYY)  
09/13/2021

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> Aon Risk Services Central, Inc. Green Bay WI Office 10700 Research Drive Suite 450 Milwaukee WI 53226 USA	<b>CONTACT</b> NAME: PHONE: FAX: (414) 271-5420 E-MAIL: ADDRESS:		FAX: (414) 271-4103 IAC No.: IAC No.:
	INSURER(S) AFFORDING COVERAGE NAIC #		
<b>INSURED</b> Cleary Building Corp. P. O. Box 930220 Verona WI 53593-0220 USA	INSURER A:	Travelers Property Cas Co of America	25674
	INSURER B:	The Phoenix Insurance Company	25623
	INSURER C:	The Travelers Indemnity Co.	25658
	INSURER D:	Starr Indemnity & Liability Company	38318
	INSURER E:		

Holder Identifier:

COVERAGES: CERTIFICATE NUMBER: 570089130376 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. Limits shown are as requested.

TYPE	TYPE OF INSURANCE	ADDITIONAL	POLICY NUMBER	POLICY EFF.	POLICY EXP.	LIMITS
LTN		REASON		DATE	DATE	
B	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		VINC03447R109PHR21	10/03/2021	10/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> OTHER:		VTAP-9497L719-IND-21	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Per aggregate) BODILY INJURY (Per person) \$1,000,000 BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION		1000584545211	10/01/2021	10/01/2022	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) # ref. describe under DESCRIPTION OF OPERATIONS below	Y/N	UBSN5508752025R WI UBSH6022802125X AOS	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$1. EACH ACCIDENT \$1,000,000 \$1. DISEASE-EA EMPLOYEE \$1,000,000 \$1. DISEASE-POLICY LIMIT \$1,000,000

Certificate No.: 570089130376

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

RE: GENERAL AS THE SCOPE OF WORK. CLEARY BUILDING CORP IS THE GENERAL CONTRACTOR.

**CERTIFICATE HOLDER**

**CANCELLATION**

LAKE COUNTY PLANNING COMMISSION  
2293 NORTH MAIN STREET  
CROWN POINT IN 46307 USA

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

*Aon Risk Services Central, Inc.*

©1988-2015 ACORD CORPORATION. All rights reserved. go are registered marks of ACORD

GINA PIMENTEL  
RECORDER

2021-072287

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

12:54 PM 2021 Dec 20

25 cc  
Cath  
Kk