

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/14/2021

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> The Horton Group 340 Columbia Place South Bend IN 46601	<b>CONTACT NAME:</b> PHONE (AC, Ho, Exp): 708-845-3917      FAX (AC, No): 866-202-5917 E-MAIL: certificates@thehortongroup.com ADDRESS: certificates@thehortongroup.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Larson-Danielson Construction Co., Inc. 302 Tyler Street La Porte IN 46350	LARSONCO2 <b>INSURER A:</b> Amerisure Insurance Company      NAIC # 19488 <b>INSURER B:</b> The Travelers Property Casualty Insurance Company      25674 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER: 1546769830**      **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	ADDD. SUBR INSD. WVRN	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Contractual Ind <input checked="" type="checkbox"/> X ZCU not extd	Y	Y	CPP2005550	1/1/2022	1/1/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$1,000,000 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 OTHER: \$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X Comp. \$250	Y	Y	CA2005549	1/1/2022	1/1/2023	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
A	X UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y	Y	CU2005551	1/1/2022	1/1/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 OTHER: \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in IN) <input checked="" type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	WC2005552	1/1/2022	1/1/2023	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Installation Floater Insured Ded: \$1,000 Leased/Rented Equipment			QT-660-9K051959	1/1/2022	1/1/2023	Jobsite Storage Deduct: \$1,000 3,000,000 250,000 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  
 Additional insured on a primary and non-contributory basis with respect to general liability, auto liability, and umbrella liability only when required by written contract. Waiver of subrogation applies to the general liability, auto liability, umbrella liability, and workers compensation in favor of the stated additional insureds only when required by written contract.  
 License and permit

<b>CERTIFICATE HOLDER</b>  City of Gary 401 Broadway, Room 307 Gary IN 46402	<b>CANCELLATION</b>  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  <span style="float: right; font-size: 12px;">25.00 Cash</span>
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**GINA PIMENTEL RECORDER**      **2021-072324**

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**STATE OF INDIANA LAKE COUNTY FILED FOR RECORD**      **2:42 PM 2021 Dec 20**