

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/09/2021

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> Brown & Brown of Detroit 5250 Corporate Drive Suite #200 Troy MI 48099		<b>CONTACT NAME:</b> Angela Ticooni <b>PHONE (A/C, No. Ext.):</b> (588) 877-6300 <b>FAX (A/C, No.):</b> (588) 877-6780 <b>E-MAIL ADDRESS:</b> aticooni@bbdetroit.com																				
<b>INSURED</b> Shamrock Development Inc. 5775 Nimtz Parkway  South Bend IN 46628		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER A:</th> <th>NAIC #</th> </tr> <tr> <td>Valley Forge Insurance Company</td> <td>20508</td> </tr> <tr> <th>INSURER B:</th> <td>The Continental Insurance Company</td> <td>35289</td> </tr> <tr> <th>INSURER C:</th> <td>Continental Casualty Company</td> <td>20443</td> </tr> <tr> <th>INSURER D:</th> <td>North American Specialty Insurance Company</td> <td>29874</td> </tr> <tr> <th>INSURER E:</th> <td>Scottsdale Indemnity Company</td> <td>41267</td> </tr> <tr> <th>INSURER F:</th> <td></td> <td></td> </tr> </table>		INSURER A:	NAIC #	Valley Forge Insurance Company	20508	INSURER B:	The Continental Insurance Company	35289	INSURER C:	Continental Casualty Company	20443	INSURER D:	North American Specialty Insurance Company	29874	INSURER E:	Scottsdale Indemnity Company	41267	INSURER F:		
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**COVERAGES**      **CERTIFICATE NUMBER:** CL2112975509      **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EBL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			6023700635	12/31/2021	12/31/2022	EACH OCCURRENCE \$ 1,000,000 DEDUCT TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1M/2M COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> OTHER:			6023700649	12/31/2021	12/31/2022	SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DEED <input type="checkbox"/> RETENTION \$			6023700656	12/31/2021	12/31/2022	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A	12/31/2021	12/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment			6023700635	12/31/2021	12/31/2022	Limit \$75,000

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

"General Contractor"

GINA PIMENTEL  
RECORDER  
2021-072499  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
10:37 AM 2021 Dec 21

<b>CERTIFICATE HOLDER</b>  Lake County Planning Comm. Bldg Administrator 2293 N. Main St.  Crown Point IN 46307	<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  
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# NOT AN OFFICIAL DOCUMENT

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Brown & Brown of Detroit		NAMED INSURED Shamrock Development Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

(E) North American Specialty Insurance Company  
Cyber Liability Policy# C-4LVN-104987 12/31/2021-12/31/2022  
Limit- 1,000,000 Deductible- 5,000

(F) Scottsdale Indemnity Company  
EPLI/ Fiduciary Policy# EK4308003- 12/31/2021-12/31/2022 EPLI- Each Occ 1,000,000/ General Agg 2,000,000/ Fiduciary Limit- 1,000,000