

# NOT AN OFFICIAL DOCUMENT

## CERTIFICATE OF LIABILITY INSURANCE

JUSTS-P&C

MC CREGHT

DATE (MM/DD/YYYY)  
1/12/2022

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> Torian Insurance 5300 E. Division St. Evansville, IN 47711	<b>CONTACT</b> Laura E McCreight PHONE (Ac, No, Ext): (812) 424-5503      FAX (Ac, No): (812) 424-9016 E-MAIL Address: laura@torianinsurance.com INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : Cincinnati Ins Co      10677 INSURER B : AMERISAFE INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b>  Custom Sign & Engineering Inc 5344 Vann Rd Newburgh, IN 47630	

**COVERAGES**      **CERTIFICATE NUMBER:**      **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.

DESCRIPTION	TYPE OF INSURANCE	ACORD SUBR (INS) (WV) (D)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
						EACH OCCURRENCE	AGGREGATE
<b>A</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-SECT <input type="checkbox"/> LOC OTHER:			EPP 0425780	5/21/2021	5/21/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 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	
	<b>A</b> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 1000 DED COMP <input checked="" type="checkbox"/> 1000 DED COLL			EPP 0425780	5/21/2021	5/21/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>A</b> <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB      CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION\$ 0			EPP 0425780	5/21/2021	5/21/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000	
<b>B</b> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			AVWCIN2802252021	5/21/2021	5/21/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000	
<b>A</b> <b>RENTED/LEASED EQUIP</b>			EPP 0425780	5/21/2021	5/21/2022	ALL RISK \$ 90,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: SIGN INSTALLATION CONTRACTOR LICENSING  
 CONTRACTORS LICENSE BOND FOR COUNTY OF BOARD OF COMMISSIONERS OF LAKE COUNTY, STATE OF INDIANA & ANY CITIES & TOWNS IN LAKE CO IN. \$5,000 BOND NO 0494784 IS EFFECTIVE 8/15/2021 to 8/15/2022.

GINA PIMENTEL  
 RECORDER  
**2022-001190**  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD      8:30 AM      2022 Jan 14

**CERTIFICATE HOLDER**  
  
 LAKE COUNTY PLAN COMMISSION  
 2293 N MAIN ST  
 CROWN POINT, IN 46307

SHOULD ANY OF THE ASSURED BE REQUIRED TO FILE A CLAIM, THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  
 AUTHORIZED REPRESENTATIVE  
*[Signature]*

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(2A)