



## CERTIFICATE OF LIABILITY INSURANCE

SH 1588-2017 (1)  
02/22/2022

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 endorsements(s).

|  |   |
|--|---|
| <b>PRODUCER</b><br>FEDERATED MUTUAL INSURANCE COMPANY<br>HOME OFFICE: P.O. BOX 326<br>CWATONNA, MN 55000 | <b>CONTACT CENTER</b><br>CLIENT CONTACT CENTER<br>PHONE: LAKE CO, IN, DTH: 888-333-4919      FAX: (IND, IN): 507-448-4864<br>E-MAIL: CLIENTCONTACTCENTER@FEDINS.COM<br>ADDRESS: INSURER(S) AFFORDING COVERAGE |
| INSURED<br>BIG JIM'S CONCRETE, INC<br>7410 W 138TH LN<br>CEDAR LAKE, IN 46033-9192                       | 361-692-0<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:   |
| NAIC #<br>19335  |   |

COVERAGES      CERTIFICATE NUMBER: 9      REVISION NUMBER: 2

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.

| TYPE | TYPE OF INSURANCE   | MODEL YEAR | CLASS | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS   |  |
|------|---|------------|-------|---------------|-------------------------------|-------------------------------|--|--|
| A    | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><br>SEPL AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER ACC <input type="checkbox"/> LOC<br>OTHER: | N          | N     | 1825546       | 01/28/2022                    | 01/28/2023                    | EACH OCCURRENCE      \$1,000,000   |  |
|      |   |            |       |               |                               |                               | DAMAGES TO RENTED PREMISES (EA CONTRACT)      \$100,000<br>MED EXP (Any one person)      EXCLUDED<br>PERSONAL & ADV INJURY      \$1,000,000<br>GENERAL AGGREGATE      \$2,000,000<br>PRODUCTS - COM/PCP ADD      \$2,000,000 |  |
| A    | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   | N          | N     | 1825546       | 01/28/2022                    | 01/28/2023                    | COMBINED SINGLE LIMIT (EA ACCIDENT)      \$1,000,000   |  |
|      |   |            |       |               |                               |                               | BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |  |
| A    | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION   | N          | N     | 1825546       | 01/28/2022                    | 01/28/2023                    | EACH OCCURRENCE      \$1,000,000   |  |
|      |   |            |       |               |                               |                               | AGGREGATE      \$1,000,000   |  |
| A    | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/LL       | N/A   | N             | 1825547                       | 01/28/2022                    | 01/28/2023   | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>EL EACH ACCIDENT      \$500,000<br>EL DISEASE - EA EMPLOYEE      \$500,000<br>EL DISEASE - POLICY LIMIT      \$500,000 |
|      |   |            |       |               |                               |                               |  | DESCRIPTION OF OPERATIONS below  |

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

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>361-692-0<br>LAKE COUNTY PLANNING COMMISSION<br>2293 N MAIN ST<br>CROWN POINT, IN 46037-1854 | <b>CANCELLATION</b><br>0 2<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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GINA PIMENTEL  
 RECORDER      **2022-006848**  
 STATE OF INDIANA  
 LAKE COUNTY      11:07 AM    2022 Feb 23  
 FILED FOR RECORD

035.00  
 CASH  
 ML