CERTIFICATE OF LIABILITY INSURANCE

04/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS THIS CERTIFICATE IS ISSUED AS A MATTER OF INCOMMENTAL AND CONTRACT BY 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(les) must have ADDITIONAL INSURED provisions of be endorsed

	1115 66	ROGATION IS WAIVED, subject rtificate does not confer rights to	to th	e ten certii	ms and conditions of the licate holder in lieu of suc	n enda	rsementis).		uire an endorsement.	A state	nent on	
PRO	DUCER	Lump Insurance Agency Inc					CONTACY Abigail Dorge					
		112 Mill Street					PHONE FAX (A/C, No):					
		Lowell, IN 46356					LAC, No. Ext): [(A/C, No): E-MAIL ADDRESS:					
						INSURER A: INDIANA FARMERS MUTUAL INS CO				22624		
INS	IRED	Timothy Pratt										
		DBA Pratt Construction 14500 w. 185th Ave. Lowell, IN 46356					RC:	iii ii			CNASU	
											 	
		Londii, iit 40000					INSURER D:					
												
COVERAGES CERTIFICATE NUMBER:						INSURER F: REVISION NUMBER:					·	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS POLICIES AND ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS POLICIES DESCRIBED HERRIN IS ANY REPORT OF THE TERMS.												
1	IDICAT	ED. NOTWITHSTANDING ANY REC	UIRE	MEN	T, TERM OR CONDITION OF	F ANY	CONTRACT OF	R OTHER DOO	UMENT WITH RESPECT T	O WHIC	H THIS	
5	ERTIF	CATE MAY BE ISSUED OR MAY P	ERTA	UN, T	HE INSURANCE AFFORDED	BY TH	E POLICIES	DESCRIBED F	EREIN IS SUBJECT TO A	LL THE	TERMS,	
MSR 1919 STATE OF THE PROPERTY												
A A		TYPE OF INSURANCE	INSD	WNO	POLICY NUMBER CGL1000496				LIMS	S		
^	Y				GGL 1000486		04/09/2022	04/09/2023	EACH OCCURRENCE	\$	500,000	
	\vdash	CLAIMS-MADE OCCUR			シス			l	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	H.							l	MED EXP (Any one person)	\$.		
	₽.			ĺ				l	PERSONAL & ADV INJURY	8	500,000	
		AGGREGATE LIMIT APPLIES PER:			100			l	GENERAL AGGREGATE	\$	1,000,000	
	-	POLICY PRO- LOC			4/-			l	PRODUCTS - COMPIOP AGG	5	1,000,000	
_		OTHER: MOBILE LIABILITY		├—	940				And the second second second	5		
	_	NOSILE CIABILITY		1	Cv				COMBINED SINGLE LIMIY (En nocident)	5		
									BODILY INJURY (Per person)	s		
	H	OWNED SCHEDULED AUTOS ONLY AUTOS ONLY NON-OWNED AUTOS ONLY		1	'	C;			BODILY INJURY (Per accident)	s		
	H۲	AUTOS ONLY AUTOS ONLY).	İ	PROPERTY DAMAGE (Per accident)	5		
	Н.			_		_	<u></u>			5		
		IMBRELLA LIAB OCCUR					YA		EACH OCCURRENCE	5		
	-	EXCESS LIAB CLAIMS-MADE					'//		AGGREGATE	8		
		DED RETENTION S					<u> </u>			s		
	AND E	ERS COMPENSATION MPLOYERS' LIABILITY							PER OTH-			
	ANY PE	ROPRIETOR/PARTNER/EXECUTIVE FINEMBER EXCLUDED?	NIA						E.L. EACH ACCIDENT	\$		
								16	E.L. DISEASE - EA EMPLOYEE	\$		
	DESCR	describe under RIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT			
В	Lake	County Bond			14472480		02/25/2021	02/25/2024		-	5000	
									(),			
	L											
		N OF OPERATIONS / LOCATIONS / VEHICLE	B (AC	ORD 1	01, Additional Remarks Schedule	nav be at	ached if more sp	aco is required)	0/-			
Gen	eral C	ontractor							YO.			
							GINA PIMENTEL					
								RECORDER 2022-012820				
							STATE OF INDIANA					
							LAKE CO	DUNTY	11:56 AM 202:	2 Apr	12	
							ILED FOR	RECORD		(6.		
CE	RTIFIC	ATE HOLDER				CANC	ELLATION					
		Lake County Plan Commission	1									
2293 N Main St Crown Point, IN 46307							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
r only 11 40007						ACCORDANCE WITH THE POLICY PROVISIONS.						
<u>[</u>												
1							AUTHORIZED REPRESENTATIVE					
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