NOT AN OFFICIAL

<u></u>	IIR CERTIFICATE IS ISSUED AS A B	ATTER (ATE OF LIA	AND CONFERS NO	RIGHTS L	PON THE CERTIFICAT	DATE(MM/DDYYYY) 07/07/2022
BE	ERTIFICATE DOES NOT AFFIRMATIVELOW. THIS CERTIFICATE OF INSUEPRESENTATIVE OR PRODUCER, AN	RANCE I	DOES NOT CONSTITUT ERTIFICATE HOLDER.	E A CONTRACT B	ETWEEN TH	HE ISSUING INSURER(S), AUTHORIZED
SL	PORTANT: If the certificate holder is JBROGATION IS WAIVED, subject to rtificate does not confer rights to the	the term	s and conditions of the	policy, certain polici	ies may requ	ire an endorsement. A	statement on this
	DUCER			CONTACT NAME:		1	
Aon Risk Services Central, Inc. Columbia Center II				(AC. No. EXI):	83-7122	(A/C. No.): (800)	363-0105
101	West Big Beaver Road h Floor/Suite 1444			E-MAIL ADDRESS:			
Troy	MI 48084 USA					RDING COVERAGE	NAIC #
INSU				INSURER A: Old F	tepublic In	surance Company	24147
Builder Services Group, Inc.				INSURER B:			
d/b/a Gale Insulation A TopBuild Company				INSURER C:			
6825 Stapoint Court Winter Park FL 32792 USA				INSURER D:			
				INSURER E:			
	VERAGES CERT	TIELO LTE	NUMBER: 5700944778	INSURER F:	DI	VISION NUMBER:	,
E>	ERTIFICATE MAY BE ISSUED OR MAY F (CLUSIONS AND CONDITIONS OF SUCH	POLICIES	THE INSURANCE AFFORD	IED BY THE POLICIE	S DESCRIBE	D HEHEIN IS SUBJECT I	
	TYPE OF INCURANCE	ADOL SUBF		POLICY EFF	POLICYEXP	IS. Limits sh	hown are as requested
INSR LTR	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	ADDL SUBF INSD WVD		POLICY EFF		EACH OCCURRENCE	hown are as requested
Ā		ADDL SUBI	POLICY NUMBER	POLICY EFF	POLICYEXP	EACH OCCURRENCE DAMAGE TO RENTED	hown are as requested rs
Ā	X COMMERCIAL GENERAL LIABILITY	ADDL SUBFINSD WVD	POLICY NUMBER	POLICY EFF	POLICYEXP	EACH OCCURRENCE	ts \$2,000,000
Ā	X COMMERCIAL GENERAL LIABILITY	ADDL SUBF INSO W/C	POLICY NUMBER	POLICY EFF	POLICYEXP	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$2,000,000 \$2,000,000 \$25,000
Ā	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENT AGGREGATE LIMIT APPLIES PER:	ADDL SUBF INSD WVD	POLICY NUMBER	POLICY EFF	POLICYEXP	EACH OCCURRENCE DAMAGE TO RENTED PREMISSS (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$2,000,000 \$2,000,000 \$25,000
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A	X COMMERCIAE GENERAL LIABILITY CLAIMS-MADE X OCCUR GENTLAGGREGATE LIMIT APPLIES PER:	ADOL SUBINSO WYO	POLICY NUMBER	POLICY EFF (MMDD YYYY) 06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISSS (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	hown are as requested 18 \$2,000,000 \$2,000,000 \$25,000,000 \$2,000,000 \$4,000,000 \$6,000,000 \$7,500,000
A	X COMMERCIAL GENERAL LABILITY CLAMS-MADE X COCUR GENTLAGGREGATE LATI APPLES PER APPLOY PROPULATION LOC OTHER AUTOMOBILE LIABILITY	ADOL SUBINGS WYD	POLICY NUMBER MWZY31307122	POLICY EFF (MMDD YYYY) 06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED DAMAGE TO RENTED MED EXP (My one person) MED EXP (My one person) GENERAL AGGREGATE PRODUCTS - COMPJOP AGG COMBRIED SHOULE LIMIT (EA BOSGLEGATE) BOOLLY NUMBY (Per person)	hown are as requested 15 \$2,000,000 \$2,000,000 \$25,000,000 \$25,000,000 \$4,000,000 \$6,000,000 \$7,500,000
A	X COMMERCAL GENERAL LABILITY CLAMS-MADE X OCCUR OENT AGGREGATE LARIT APPLES PER X POLOY MOD THERE AUTOMOBILE LABILITY X NAT AUTO OWNED SCHEDULED	ADDI SUBB INSO WYD	POLICY NUMBER MWZY31307122	POLICY EFF (MMDD YYYY) 06/30/2022	06/30/2023	EACH OCCURRENCE LAMI EACH EACH EACH EACH EACH EACH EACH EACH	hown are as requested 15 \$2,000,000 \$2,000,000 \$25,000,000 \$25,000,000 \$4,000,000 \$6,000,000 \$7,500,000
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[AI: Lake County Board of Commissioners] is included as Additional Insured with respect to the General Liability policy, as required by written contract.

GINA PIMENTEL RECORDER

2022-029914

STATE OF INDIANA LAKE COUNTY

2022 Aug 18

FILED FOR RECORD

NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

Lake County Board of Commissioners Attn: Building Services Division PO Box 7800 Tavares FL 32778 USA

CERTIFICATE HOLDER

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