T AN OFFICIAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/26/2022

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(les) 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). CONTACT

Mostrow Insurance Services, Inc. 353 N Clark St 11th Floor Chicago, IL 60654		PHONE (AJC, No, Ext): (312) 595-6200 PAX, No): E-MAIL ADDRESS:				
Cincago, in 80854	LAN.		UDERION AFFO	TONIO COVERNOS		NAIC #
		INSURER A : Zurich American Insurance Company				16535
		INSURER B : Motorists Mutual Insurance Company				14621
MSM Roofing Inc. 1877 E. Summit Street Crown Point, IN 48307					_	42307
		INSURER C: Navigators Insurance Company				42307
		INSURER D:				
		INSURER E:				
		INSURER F:				
COVERAGES CERTIFICATE NUMBER:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	MENT, TERM OR CONDITION ON THE INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE BE	OF ANY CONTRAI O BY THE POLICI EN REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPO ED HEREIN IS SUBJECT 1	CTTC	WHICH THIS
INSR TYPE OF INSURANCE INSD WY	POLICY NUMBER	POLICY EFF (MM/DDYYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	0	5/1/2022	5/1/2023	EACH OCCURRENCE	\$	2,000,000
	GLO3703060			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
				MED EXP (Any one person)	\$	10,000
				PERSONAL & ADV INJURY	s	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	100			GENERAL AGGREGATE	s	4,000,000
POLICY PRO: LOC	4			PRODUCTS - COMPIOP AGG	\$	4,000,000
B AUTOMOBILE LABILITY	10			COMPINED SINGLE LIMIT	5	1,000,000
- Notoliiodia: Dibilati		\		COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
X ANY AUTO	5000037037	5/1/2022	5/1/2023	BODILY INJURY (Per person)	5	
OWNED AUTOS ONLY SCHEDULED				BODILY INJURY (Per accident)	\$	
X XUTES ONLY X NOTES ONLY	ì	Ψ_{\prime}		PROPERTY DAMAGE (Per accident)	\$	
	14000				s	
C X UMBRELLA LIAB X OCCUR			·	EACH OCCURRENCE	5	2,000,000
EXCESS LIAB CLAIMS-MADE	CH21EXC776733IV	5/1/2022	5/1/2023	AGGREGATE	s	2,000,000
DED RETENTIONS					5	
A WORKERS COMPENSATION AND EMPLOYERS LIABILITY				X PER OTH-	l	
	WC3703059	5/1/2022	5/1/2023	E.L. EACH ACCIDENT	s	1,000,000
(Mandatory in NH)			12	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT		1,000,000
Committee of Control o				0		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR General/Roofing Contractor	RD 101, Additional Remarks Schedule, r	ENTEL 2		31752		

CERTIFICATE HOLDER

PRODUCER

Lake County Plan Commission 2293 North Main Street Crown Point, IN 46307

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

2022 Sep 1

AUTHORIZED REPRESENTATIVE

10:09 AM

LAKE COUNTY

FILED FOR RECORD CANCELLATION