



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/01/2022

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><br>Jack Ogren & Co., Inc.<br>6929 Hohman Avenue<br>Hammond IN 46324             | <b>CONTACT NAME:</b> Keith M Tokoly<br><b>PHONE (AC, Ho, Ext):</b> (219) 933-0076 <b>FAX (AC, Ho):</b><br><b>E-MAIL ADDRESS:</b> ktokoly@ogreninsurance.com   |                               |        |   |       |   |       |                                   |       |            |  |            |  |            |  |
|---|---|-------------------------------|--------|---|-------|---|-------|-----------------------------------|-------|------------|--|------------|--|------------|--|
| <b>INSURED</b> (219) 938-0860<br>Ellas Construction Co. Inc.<br>3810 E 7th Ave<br>Gary IN 46403 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Insurance</td> <td>18058</td> </tr> <tr> <td>INSURER B: American Interstate Insurance Co</td> <td>31695</td> </tr> <tr> <td>INSURER C: RSUI Indemnity Company</td> <td>22314</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Philadelphia Indemnity Insurance | 18058 | INSURER B: American Interstate Insurance Co | 31695 | INSURER C: RSUI Indemnity Company | 22314 | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #  |                               |        |   |       |   |       |                                   |       |            |  |            |  |            |  |
| INSURER A: Philadelphia Indemnity Insurance   | 18058   |                               |        |   |       |   |       |                                   |       |            |  |            |  |            |  |
| INSURER B: American Interstate Insurance Co   | 31695   |                               |        |   |       |   |       |                                   |       |            |  |            |  |            |  |
| INSURER C: RSUI Indemnity Company   | 22314   |                               |        |   |       |   |       |                                   |       |            |  |            |  |            |  |
| INSURER D:  |   |                               |        |   |       |   |       |                                   |       |            |  |            |  |            |  |
| INSURER E:  |   |                               |        |   |       |   |       |                                   |       |            |  |            |  |            |  |
| INSURER F:  |   |                               |        |   |       |   |       |                                   |       |            |  |            |  |            |  |

**COVERAGES**      **CERTIFICATE NUMBER:** Cert ID 13196      **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.

| INER | LTR | TYPE OF INSURANCE  | ADDITIONAL SUBR/INSR/WDV | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|------|-----|--|--------------------------|------------------|-------------------------|-------------------------|--|
| A    | X   | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                          | PER2309705       | 08/01/2022              | 08/01/2023              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ N/A<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>Empl Benefits Liab \$ 1,000,000<br>COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$ |
|      |     | AUTOMOBILE LIABILITY<br><input 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                                     |                          |                  |                         |                         |  |
| C    | X   | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |                          | NEA095012        | 08/01/2022              | 08/01/2023              | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$<br>\$   |
| B    |     | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>Y/N/A             | AVNCIN3016132021 | 08/01/2022              | 08/01/2023              | <input checked="" type="checkbox"/> PER <input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER<br>EL EACH ACCIDENT \$ 1,000,000<br>EL DISEASE - EA EMPLOYEE \$ 1,000,000<br>EL DISEASE - POLICY LIMIT \$ 1,000,000<br>\$<br>\$  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Scope of Work: General Contractor

**GINA PIMENTEL**  
**RECORDER**  
**STATE OF INDIANA**  
**LAKE COUNTY**  
**FILED FOR RECORD**  

**2022-040711**  
 1:48 PM    2022 Dec 8

**CERTIFICATE HOLDER**      **CANCELLATION**

|  |   |
|--|---|
| Lake County Plan Commission<br>2293 N. Main Street<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br><i>Keith M. Tokoly</i> |
|--|---|

25.00 CC KY