

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/25/2022

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> Dimond Bros. Insurance, LLC 11708 North College Avenue  Carmel IN 46032	<b>CONTACT NAME:</b> Karyn Fentress <b>PHONE (A/C, No. Ext):</b> (317) 853-3500 <b>FAX (A/C, No):</b> (317) 853-3501 <b>E-MAIL ADDRESS:</b> karyn.fentress@dimondbros.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b>  Grimmer Construction, Inc. 2619 Main Street  Highland IN 46322	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>INSURER A:</b> Amerisure Insurance Co.</td> <td style="text-align: right;">NAIC # 19488</td> </tr> <tr> <td><b>INSURER B:</b> Amerisure Mutual Insurance Company</td> <td style="text-align: right;">23966</td> </tr> <tr> <td><b>INSURER C:</b> The Charter Oak Fire Insurance Company</td> <td style="text-align: right;">25615</td> </tr> <tr> <td><b>INSURER D:</b> Travelers Prop. Cas. Co. of America</td> <td style="text-align: right;">25674</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER A:</b> Amerisure Insurance Co.	NAIC # 19488	<b>INSURER B:</b> Amerisure Mutual Insurance Company	23966	<b>INSURER C:</b> The Charter Oak Fire Insurance Company	25615	<b>INSURER D:</b> Travelers Prop. Cas. Co. of America	25674	<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 ALLCOV      **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.

INSUR LTR	TYPE OF INSURANCE	AID/CD/DRBR (INSR. W/VD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP211553	03/31/2022	03/31/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
A	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		CA211554	03/31/2022	03/31/2023	MED EXP (Any one person)	\$ 10,000
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					PERSONAL & ADV INJURY	\$ 1,000,000
B/D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB		CU211556/EX1T58016622	03/31/2022	03/31/2023	GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0					PRODUCTS - COMP/PROP AGG	\$ 2,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC211555	03/31/2022	03/31/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	Leased/Rented Equipment					BODILY INJURY (Per person)	\$
C			6606F807511	03/31/2022	03/31/2023	BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A			WC211555	03/31/2022	03/31/2023	EACH OCCURRENCE	\$ 5,000,000
						AGGREGATE	\$ 5,000,000
C			6606F807511	03/31/2022	03/31/2023	Excess Liability	\$ 5,000,000
						PER STATUTE	\$
A			WC211555	03/31/2022	03/31/2023	E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
C			6606F807511	03/31/2022	03/31/2023	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
						Per Item	\$400,000
						Per Occurrence	\$400,000

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

RE: General Contractor

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

**2022-040744**  
**3:42 PM 2022 Dec 8**

2500  
 CLK

**CERTIFICATE HOLDER**      **CANCELLATION**

Lake County Plan Commission 2293 N 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.  AUTHORIZED REPRESENTATIVE <i>Jason O. McEldowney</i>
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