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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, conditions of the policy, certain policies may require an endorser	the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIV nent. A statement on this certificate does not confer rights to the certificate holder in lieu of such endo	sement(s).	
PRODUCER	CONTACT NAME: Larry Elliolt		
Elliott Insurance 328 Northpoint Ave	PHONE FAX (A/C, NO, EXT): 260-356-9604 (A/C, NO): 260-4	34-1954	
Huntington, IN 46750	E-MAIL ADDRESS: Lelliotti@farmersagent.com		
	INSURER(S) AFFORDING COVERAGE	NAIC#	
INSURED	INSURERA: Everett Cash Mutual Insurance Co	524210	
INSURED	INSURER B: Farmers Insurance Exchange	21628 .	
William Braithwaite	INSURER C:		
315 W State Road 8	INSURER D:	-	
Hebron, IN 46341-8854	INSURER E:	1	
	INSURER F:		
COVERAGES CERT	IFICATE NUMBER: REVISION NUMBER:	REVISION NUMBER:	

POLICY EXP ADDIL SUBR POLICY FFF LIMITS INSR , 15 POLICY NUMBER TYPE OF INSURANCE (MM/DD/YYYY) WVD AM/DD/YYYY) LTR EACH OCCURRENCE 100000 COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED 1000000 CLAIMS-MADE OCCUR PREMISES (Ea Occurrence) 5000.00 MED EXP (Any one person) PERSONAL & ADVINJURY 1000000 06/27/2023 06/27/2024 A GENERAL AGGREGATE 2000000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 2000000 PROJECT POLICY Fire Legal Liability 50000 OTHER 4,14 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) ANY AUTO OWNED AUTOS SCHEDULED BODILY INTURY (Per accident) ONLY AUTOS PROPERTY DAMAGE NON-OWNED HIRED AUTOS (Per accident) AUTOS ONLY ONLY EACH OCCURRENCE HMRDELLAHAR OCCUR AGGREGATE CLAIMS-MADE **EXCESS LIAB** RETENTION \$ DED WORKERS COMPENSATION OTHER STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/ N/A EXECUTIVE OFFICER/MEMBER E.L. DISEASE - EA EMPLOYEE : EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF E.L. DISEASE-POLICYLIMIT OPERATIONS below Home Value 30000 Builders Risk 100

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) OWNER ACTING AS GENERAL FOR BUILDING ADDRESS: Project Addr GINA PIMENTEL 2023-016155 RECORDER STATE OF INDIANA LAKE COUNTY 10:25 AM 2023 Jun 28 CERTIFICATE HOLDER Lake County Plan Commission RECORDED AS PRESENTED 2293 N Main Street AUTHORIZED REPRESENTATIVE Crown Point, IN 46307

76643-28-77

06/07/2023

06/07/2024

Deductable