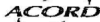


# NOT AN OFFICIAL DOCUMENT



JSHOFFN-03

DBELL

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/28/2022

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).

PRODUCER  
General Insurance Services, Inc.  
421 Franklin Street  
Michigan City, IN 46360

CONTACT NAME: Debbie Bell  
PHONE (A/C, No. Ext): (219) 809-2230 FAX (A/C, No.): (219) 809-0757  
E-MAIL ADDRESS: dbell@genins.com

INSURED  
J Shoffner General Contractor Inc.  
P. O. Box 1733  
La Porte, IN 46352-1733

INSURER(S) AFFORDING COVERAGE NAIC #  
INSURER A: Cincinnati Insurance 10677  
INSURER B: Monroe Guarantee Insurance Company 32506  
INSURER C: Crum & Forster Specialty Insurance Co.  
INSURER D:  
INSURER E:  
INSURER F:

**COVERAGES**

**CERTIFICATE NUMBER:**

**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.

| RSR | TYPE OF INSURANCE   | ADDITIONAL INSURED (IND) (WVD) | POLICY NUMBER             | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS   |
|-----|---|--------------------------------|---------------------------|-------------------------------|-------------------------------|--|
| A   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Incl Contractual Lib<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY <input checked="" type="checkbox"/> PER <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER: Separation of Insured |                                | EPP 0471284               | 1/1/2023                      | 1/1/2024                      | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/POP AGG \$ 2,000,000 |
| A   | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |                                | EPP 0471284               | 1/1/2023                      | 1/1/2024                      | COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A   | <input type="checkbox"/> UMBRELLA LIAB<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br><input checked="" type="checkbox"/> RETENTIONS \$ 0   |                                | EPP 0471284               | 1/1/2023                      | 1/1/2024                      | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$ 3,000,000   |
| B   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in IN)<br>If yes, describe under DESCRIPTION OF OPERATIONS below:   | Y/N<br>N/N/A                   | 902850                    | 1/1/2023                      | 1/1/2024                      | <input checked="" type="checkbox"/> PER STATUTE<br><input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                |
| C   | <input type="checkbox"/> Pollution Liability<br><input checked="" type="checkbox"/> Leased/Rented Eqmt  |                                | EPK-138805<br>EPP 0471284 | 2/23/2022<br>1/1/2023         | 2/23/2023<br>1/1/2024         | Each Occurrence \$ 1,000,000<br>ACV Limit, \$1,000Ded \$ 300,000   |

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

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENT  
2023-026025  
9:32 AM 2023 Sep 11

**CERTIFICATE HOLDER**

City of Whiting  
1443 119th Street  
Whiting, IN 46394

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

*[Signature]*

25-1-E  
ok. 5/12/20  
D