OT AN OFFICIAL DOCUMEN'

CERTIFICATE OF LIABILITY INSURANCE

8/31/2023

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						CONTACY NAME:					
Valley Companies, Inc.					PHONE (AC, No, Ext): 630-232-1640 (AC, No): 630-232-1687						
1823 Centre Point Circle Suite 101					ADDRESS: info@valley78.com						
Naperville IL 60563					INSURER(S) AFFORDING COVERAGE NAIC #						
License#; 3000101732					INSURE	INSURER A: West Bend				15350	
INSURED ASPEGEN-01						INSURER B:					
Aspen General Contractors, Inc. 1865 Hicks Road, Suite A					INSURER C:						
Rolling Meadows IL 60008				INSURER D:							
				INSURER E :							
VA					INSURER F;						
		NUMBER: 1631432981		REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIÉS OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MOICATED. NOTHITH STANDING AM'S REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE MISURANCE AFFORDED BY THE POLICIES DESCRIBED LEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SOUCH POLICIES. LIMITS SHOWN MY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR		INSD	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
^	X COMMERCIAL GENERAL LIABILITY			B017729		5/1/2023	5/1/2024	EACH OCCURRENCE	\$ 1,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
		ı						MED EXP (Any one person)	\$ 10,00		
			100.				PERSONAL & ADV INJURY \$ 1,000,0				
1	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-			1940				GENERAL AGGREGATE	\$ 2,000		
1	X POLICY JECT LOC			10				PRODUCTS - COMP/OP AGG	\$ 2,000	,000	
	AUTOMOBILE LIABILITY	\vdash	-		_			COMBINED SINGLE LIMIT	s		
	ANY AUTO			/				(Ea accident) BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS				- 1			BODILY INJURY (Per accident)			
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY),		PROPERTY DAMAGE (Per accident)	\$		
	7.0.00 0.12.					(/,		1 0 0000000	\$		
Α.	X UMBRELLA LIAB X OCCUR			B017729		5/1/2023	5/1/2024	EACH OCCURRENCE	\$ 2,000	000	
	EXCESS LIAB CLAIMS-MADE						,	AGGREGATE	s		
	DED RETENTION \$					- 14			\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			B017740		5/1/2023	5/1/2024	X PER OTH-			
	ANYPROPRIETOR/PARTNER/EXECUTIVE Y	N/A					1	E.L. EACH ACCIDENT	\$ 1,000,		
	(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						.0	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,		
-	DESCRIPTION OF OPERATIONS below	\vdash	-					E.L. DISEASE - POLICY LIMIT	\$ 1,000,	000	
								0			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedul	le, may b	attached if more	space is require	rd)			
Sco	pe of Work: General Contractor							, (A)*			
						GINA PIM		2022 0	76	70	
RECORDER 2023-02767										10	
STATE OF INDIANA											
LAKE COUNTY 2:09 PM 2023 Sep 27 RECORDED AS PRESENTED											
CER	CERTIFICATE HOLDER CANCELLATION										
Lake County Plan Commission 2293 N. Main St.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
							Crown Point IN 46307				
										<i>σ</i>	
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