## NQT AN OFFICIAL DOCUMENT

CERTIFICATE OF LIABILITY INSURANCE

10/06/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND COMPERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AFFRMATIVELY OR REGATIVELY MEAND, 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(les) 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 doos not confer rights to the certificate holder in lace of such endorsement(s).

CONTACT Peter Monger, CRIS 219-769-6616 FAX (A/C, No) 219-769-7423 Rothschild Agency, Inc PHONE (A/C, No, Ext): 219-769-6616 8979 Broadway Merrillville, IN 46410-E-MAIL E-MAIL ADDRESS: pete@rothschildagency.com Peter Monger, CRIS INSURERIS) AFFORDING COVERAGE AIC# INSURER A: West Bend Mutual INSURER B : Encova Insurance INSURED DeYoung Dirt Works, Inc. Dirt Works Transport, LLC 5850 Commercial Drive Demotte, IN 46310 INSURER C : INSURER D : INSURER E

COVERAGES

CENTIFICATE NUMBER:

REVISION NUMBER:

TYPE OF INSURANCE 1.000.000 X COMMERCIAL GENERAL LIABILITY ### EACH OCCURRENCE | DAMAGE TO RENTED | PREMISES (Ea occurrence) 300,000 CLAIMS-MADE X OCCUR 5.000 MED EXP (Any one person) 1.000.000 PERSONAL & ADV INJURY \_\_\_\_S 2 000 000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER 2.000.000 POLICY X PRO-PRODUCTS - COMP/OP AGG S OTHER COMBINED SINGLE LIMI 1.000.000 AUTOMOBILE LIABILITY 05/01/2023 05/01/2024 BODILY INJURY (Per person) X ANY AUTO B039158 OWNED AUTOS ONLY SCHEDULED X HIRED ONLY X NON-QWINED 5 000 000 X UMBRELLA LIAB X OCCUR EACH OCCURRENCE 05/01/2023 05/01/2024 5.000.000 B039158 EXCESS LIAB CLAIMS MADE AGGREGATE RETENTION S X PER STATUTE 500.000 WCP7007005 05/01/2023 05/01/2024 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E L EACH ACCIDENT 500,000 E L DISEASE - EA EMPLOYEE \$ 500.000 yes, describe under DESCRIPTION OF OPERATIONS being DISEASE - POLICY LIMIT B039158 05/01/2023 05/01/2024 Limit 375,000 2.500

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

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY

2023-028246

LAKE COUNTY 1:48 PM
RECORDED AS PRESENTED

2023 Oct 6

CERTIFICATE HOLDER

LAC9003

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

LAKE COUNTY PLAN COMMISSION 2293 NORTH MAIN ST CROWN POINT. IN 46307

AUTHORIZED REPRESENTATIVE

~ Monaco

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