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(les) must 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 cortificate holder in lieu of such endorsement(s).

PRODUCER Janiece PAMPALONE INS AGENCY INC E (219) 736-6000 (AC, No): (219) 769-6357 6695 Broadway ADDRESS jschwinn@pampaloneinsurance.com Merrillville, IN 46410-3549 RDING COVERAGE INSURER A: FCCI INSURANCE COMPANY 10178 INSURED INSURER B : ACCIDENT FUND GENERAL INS. CO. HUBINGER LANDSCAPING CORP. AXII 12304 210 E. 113TH AVENUE INSURER C CROWN POINT, IN 46307 INSURER D (219) 662-9911 INSURER E :

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.

INSURER F

LTR		TYPE OF INSURANCE	ADDL	I BUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	
	X	X COMMERCIAL GENERAL LIABILITY		1///0	POLICE NUMBER	(MM/DD/YYYY)	(MWDD/YYYY)	
A		CLAIMS-MADE X OCCUR	100	L	1	1	1	EACH OCCURRENCE s 1,000,000
	-		_	1		ł		PREMISES (Ea occurrence) 5 100,000
	14	XCU			CPP 100087679	10-11-22	10-11-24	MED EXP (Any one person) \$ 5,000
	X	CONTRACTUAL		i i	100087679	10-11-23	10-11-24	PERSONAL & ADV INJURY S 1,000,000
	GE	VL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
		POLICY X PRO. LOC		1	101			
		OTHER:						PRODUCTS - COMP/OF AGG \$ 2,000,000
	AUT	OMOBILE LIABILITY	-	_	7/		-	COMBINED SINGLE LIMIT I A COOL CO
A	Y	ANYAUTO		1	1/0	10-11-23	10-11-24	(Ea accident) \$ 1,000,000
	-	ALL OWNED SCHEDULED			. (2)			BODILY INJURY (Per person) S
	x	AUTOS AUTOS		1	CA 100087680			BODILY INJURY (Per accident) \$
		HIRED AUTOS X AUTOS			CAR 100087880			PROPERTY DAMAGE (Per accident)
								(Foli accident)
Ą		UMBRELLA LIAB X OCCUR			UMB 100087681	10-11-23		,
		EXCESS LIAB CLAIMS-MADE		1				EACH OCCURRENCE s 8,000,000
	_						. :	AGGREGATE s 8,000,000
В	WOR	DED RETENTIONS KERS COMPENSATION	_	_				ls
	AND	EMPLOYERS' LIABILITY	8 F			10-11-23	1	X PER STATUTE OTH-
	OFFIC		N/A		AF WCP100064777			E.L. EACH ACCIDENT \$ 1,000,000
	(Mano	atory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE'S 1,000,000
A		rors & Omissions	\neg	_	CPP 100087679	10 11	- '	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		ased/Rented Equip	- 1	- 3	CPP 100087679	10-11-23	10-11-24	\$1,000,000
•••			- 1		CPP 100087679	10-11-23	10-11-24	\$65,000
0500		om others	!			in a		04
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101 Additional Remains Control								

/ VEHICLES (ACORD 101, Additional Remarks Schadule, may be attached if more space is required) General Contractor/Landscaping

> GINA PIMENTEL RECORDER

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED 2023-028796

9:12 AM 2023 Oct 18

CERTIFICATE HOLDER

Lake Co. Plan Commission 2292 N. Main Street Crown Point, IN 46307

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.

AUTHORIZED REPRESENTATIVE

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