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.

If 5	PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject	t to the te	rms and conditions of t	he policy, certain p	policies may	NAL INSURED provision require an endorseme	ns or I	se endorsed statement or
	s certificate does not confer rights t	o the certi	ficate holder in lieu of su	ich endorsement(s)				
PROD	Lump Insurance Agency, Inc				e Curry			
	112 Mill St		PHONE (219)696-8989 FAX (A/C, No): (219)6				96-1841	
	Lowell		IN 46356-	E-MAIL ADDRESS:				
Lowell IN 40350-				INSURER(S) AFFORDING COVERAGE				NAIC #
l				INSURER A : CNA SU				20443
INSUF	250			INSURER B. Indiana Farmers Mutual				22624
Huseman & Son Excavating Lic								
l	112 Mill St	LIC		INSURER C:				
l	Lowell	IN 46356		JNSUBER D:				
l	Lowell		114 40330	INSURER E:				
			INSURER F:					
COV	/ERAGES CEF	RTIFICATE	E NUMBER:			REVISION NUMBER:		
INI CE EX	IIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	PERTAIN, POLICIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORM LIMITS SHOWN MAY HAVE	N OF ANY CONTRAC DED BY THE POLIC BEEN REDUCED BY	T OR OTHER IES DESCRIB PAID CLAIMS.	DOCUMENT WITH RESP	ECT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDLISUBE	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMI	TS	
В	X   COMMERCIAL GENERAL LIABILITY		CPP1004368	12/10/2023	12/10/2024	EACH OCCURRENCE	5	1,000,000
	CLAIMS-MADE X OCCUR		2.0			DAMAGE TO RENTED PREMISES (Ea occurrence)	3	
l t	CDUMSWPDE OCCOR					MED EXP (Any one person)	5	5,000
l t		1 1					_	1,000,000
1	1	1 1	1-2			PERSONAL & ADV INJURY	\$	2.000,000
1	GENT AGGREGATE LIMIT APPLIES PER:		0/			GENERAL AGGREGATE	\$	2,000,000
l l	POLICY PRO. LOC		1			PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:		10				\$	
В	AUTOMOBILE LIABILITY		CAP1004112	12/10/2023	12/10/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
- [	ANY AUTO				Į	BODILY INJURY (Per person)	s	
	OWNED X SCHEDULED AUTOS		\	<u></u>		BODILY INJURY (Per accident)	5	
Ì	X HIRED X NON-OWNED AUTOS ONLY			(1)	1	PROPERTY DAMAGE (Per accident)	5	
	AUTOS ONLY AUTOS ONLY				1	(Fill MAZZINA)	5	
	UMBRELLA LIAB OCCUR	<del>i i -</del>		170.		EACH OCCURRENCE	s	
l	- Occor					AGGREGATE	\$	
1	COMS-WOOD	4		· · · · · · · · · · · · · · · · · · ·		AGGREGATE		
n 1	DED RETENTION S WORKERS COMPENSATION	1		lanuarana.	Incurrence .	X PER OTH-	1.2	
1	AND EMPLOYERS' LIABILITY		WCP1002652	12/10/2023	12/10/2024	- LOWING T. TER		
1 1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A			16	E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYER	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
A	Lake County Bond		41439402	01/01/2023	01/01/2024	$\Gamma$		\$5,000
Α	Lake County Bond		41439402	01/01/2024	01/01/2025			\$5,000
						· O/	İ	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC or & Septic	LES (ACORE	0 101, Additional Remarks Schedu			ed)		
					RECORDER 2023-033224			
				STATE OF INDIA LAKE COUNT ORDED AS PRES	Y	10:17 AM 2023	Dec 6	3
CFR	TIFICATE HOLDER			CANCELLATION				AI 00047
JEN	Lake County Plan Commissi	on	-	SHOULD ANY OF	THE ABOVE I	DESCRIBED POLICIES BE OF PROVISIONS.		

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Crown Point

AUTHORIZED REPRESENTATIVE

IN 46307-