THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. CERTIFICATE DOES NOT AFFIRMATIVELY OR REGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS), AUTHORIZED REPRESENTANTIVE 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 WANYED, subject to the turns 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 flux of such endorsement(s). PRODUCER THE PROVIDER TO BE REVENTED.

H	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject his certificate does not confer rights	t to t	he te	erms and conditions of the tificate holder in lieu of suc	policy, certain p h endorsement(s	olicies may i).	VAL INSURED provision require an endorsemen	s or b	e endorsed. latement on
PRODUCER The Brownfield Insurance Agency LLC 114 East State Street PO Box 169					CONTACT Corey G Brownfield NAME: PHONE (219) 285-2823 ACC, No. Ext): CORPY (219) 285-2823 E-MAIL CORPY (219) 285-2823 CORPY (219) 285-2823				
					E-MAIL ADDRESS: corey@thebrownfieldagency.com				
Morocco, IN 47963					INSURER(S) AFFORDING COVERAGE				NAICS
11010000 111 11000					INSURERA: Property-Owners Ins Co				32905
PISURED Lowell Close & Trim Jos					INSURER B: Auto-Owners Ins Co				18988
NSURED Lowell Glass & Trim, Inc. 312 Jefferson St									10000
Lowell, IN 46356					INSURER C:				
Londin III rocks					INSURER D:				
					INSURER E:				
_					INSURER F;				
				E NUMBER:			REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POL	REME FAIN, CIES.	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED LUMITS SHOWN MAY HAVE BE	BY THE POLICIES REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE	CT TO	WHICH THIS
NSR	TYPE OF INSURANCE	ADD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	8	
A	COMMERCIAL GENERAL LIABILITY	1	T-	09999211	05/08/2023	05/08/2024	EACH OCCURRENCE	s	1,000,00
	CLARKS-MADE OCCUR	l		Ux	1 1	1	DAMAGE TO RENTED PREMISES (Ea occurrence)	3	300,00
	to the second				1		MED EXP (Any one person)	ş	10,00
	**:	1				i .	PERSONAL & ADV INJURY	s	1,000,00
	GENL AGGREGATE LIMIT APPLIES PER:	1		10	ł		GENERAL AGGREGATE	5	2,000,00
	POLICY PRO- LOC	-	-	94	-		PRODUCTS - COMP/OP AGG	\$	2,000,00
	OTHER		1	10				S	
В	AUTOMOBILE LIABILITY	\vdash	\vdash	4799921101	05/08/2023	05/08/2024	COMBINED SINGLE LIMIT (Es accident)	\$	1,000,00
	ANY AUTO	-		-		* **	BODILY INJURY (Per person)	5	
	OWNED SCHEDINED	1					BODILY INJURY (Per accident)	s	
	HIRFD NON-OWNED	1			(D.		PROPERTY DAMAGE (Per accident)	s	
	AUTOS ONLY AUTOS ONLY	1			76.		(Per accessi)	3	
A	UMBRELLA LIAB OCCUR	_	1	4799921103	05/08/2023	05/08/2024	EACH OCCURRENCE	s	1,000,00
^	EXCESS LIAB CLAIMS-MADE		1	473321103)	AGGREGATE	s	1,000,00
	DED RETENTIONS	1			1 1/4		Nooraconic	s	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
A	WORKERS COMPENSATION	1		A106590770	05/08/2023	05/08/2024	PER OTH-	_	
•	AND EMPLOYERS' LIABILITY Y/N	ı				779	E.L. FACH ACCIDENT	s	500.00
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Mandatory in NH)	N/A		l		10	E.L. DISEASE - EA EMPLOYEE		500,00
	If yes, describe under DESCRIPTION OF OPERATIONS below		1	ĺ			E.L. DISEASE - POLICY LIMIT	5	500.00
	DESCRIPTION OF OPERATIONS DIBOW			72.0			0/2		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE zing	LES (A	CORD	101, Additional Remarks Schedule, o	nay be attached if more	space is requir	a) O		
					GINA PIMENTE	EL			1
					RECORDER		2023-0332	35	1
				s	TATE OF INDIA	ANA		-	
				RECO	LAKE COUNT RDED AS PRE		10:47 AM 2023 E	ec 6	•
CEF	RTIFICATE HOLDER			C	ANCELLATION				
	Lake County Plan Commissio 2293 N Main St	n		75	SHOULD ANY OF T THE EXPIRATION ACCORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CA PREOF, NOTICE WILL E PROVISIONS.	ANCELL BE DE	ED BEFORE

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HORIZED REPRESENTATIVE

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