T AN OFFICIAL DOGSCON MENTAL MYER TO SERVICE OF LIABILITY INSURANCE

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBDICATION IS WAVED, 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 certi-	ncate noider in lieu of such	encorsement(s)	o Myore			
PRODUCER General Incurance Services Inc	NA PH	CONTACT Catherine Myers				
General Insurance Services, Inc. 407 E. Lincolnway Valparalso, IN 46383		PHONE (AC, No. Ext): (219) 510-6213 FAX (AC, No): (219) 510-6426 EMB(SS): cmyers@genins.com				
valparaiso, in 46363	AC			RDING COVERAGE		NAIC#
		SURER A: Auto O				18988
INSURED		INSURER B : Progressive Southeastern				38784
Upscale Construction Inc		INSURER C: Travelers Insurance A/R				00704
opscale Construction into 3111 Anderson St. Portage, IN 46368		INSURER D:				
		INSURER E: INSURER F:				
COVERAGES CERTIFICATE	NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INS INDICATED. NOTWITHSTANDING ANY REQUIREM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES IN THE POLICIES IN TH	THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BE	EN REDUCED BY	PAID CLAIMS	ED HEREIN IS SUBJECT	TOAL	DLICY PERIOD O WHICH THIS . THE TERMS,
INSR TYPE OF INSURANCE ADDL SUBR INSD WAYD A X COMMERCIAL GENERAL LIABILITY	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		ATTS	1,000,0
	D.o.			DAMAGE TO RENTED PREMISES (Ea occurrence)	5	300.0
CEAIMS-MADE X OCCUR	09170820	7/10/2023	7/10/2024		\$	10,0
H				MED EXP (Any one person)		1,000,0
GEN'L AGGREGATE LIMIT APPLIES PER:	10/10			PERSONAL & ADV INJURY GENERAL AGGREGATE	s	1,000,0
X POLICY PRO: LOC	4/-			PRODUCTS - COMP/OP AG		1,000,0
OTHER:	10			PRODUCTS - COMPIOP AG	s	
B AUTOMOBILE LIABILITY	67			COMBINED SINGLE LIMIT (Exaccident)	5	1,000,0
	02776059	11/12/2023	11/12/2024	BODILY INJURY (Per person	-	
OWNED X SCHEDULED AUTOS				RODUY IN ITRY (Per proider	-	
HIBED ONLY NON-OWNED		9/		PROPERTY DAMAGE (Per accident)	s	
TADIOS GILL		0/2			\$	
UMBRELLA LIAB OCCUR		77%		EACH OCCURRENCE	s	
EXCESS LIAB CLAMS-MADE		1 1	_	AGGREGATE	\$	
DED RETENTIONS		1			s	
C WORKERS COMPENSATION AND EMPLOYERS LIABILITY			$\Delta \lambda$	X PER OTH		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A	6JUB-0W34451-9-23	1/6/2023	1/6/2024	E.L. EACH ACCIDENT	s	500,0
(Mandatory in NH)			C	E.L. DISEASE - EA EMPLOY	EE S	500,0
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMI	TS.	500,0
*				0/01	r	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD Carpentry Contractor;	101, Additional Remarks Schedule, n	nay be attached if mo	re space is requi	red)		
		GINA PIME RECORD		2023-03	324	7
	RE	STATE OF IN LAKE COL CORDED AS P	INTY		023 De	ec 6
CERTIFICATE HOLDER		ANCELLATION			_	
Lake County Planning Commission 2293 N. Main Street		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		1.1				
		ITHORIZED REPRESE	NTATIVE			110