QT AN OFFICIAL CERTIFICATE OF LIABILITY INSURANCE 12/13/2023

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(ies) 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

the terms and conditions of the policies may require an endosement. A subment of the conditions of the policies may require an endosement.				
PRODUCER McAnally Wilkins Inc. PO Box 60810 Midland TX 79711	nc. Licenseit: 15714894 TITAND-01 nc.	CONTACT Vangie McShan NAME: Vangie McShan PHONE (AC, No. Ext): 432-685-9300 E MAIL ADDRESS: Vangie@mcanallywilkins.com		
Wildiana 1X 757 11		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A: Everest Indemnity Insurance Co	10851	
INSURED		INSURER B : State Auto Insurance Company	25135	
Titan Industries, Inc. 22335 Gosling Road Spring TX 77389		INSURER C : Evanston Insurance Co.	35378	
		INSURER p : Texas Mutual Insurance Company	22945	
		INSURER E : Argonaut Insurance Company	19801	
		INSURER F : Starr Indemnity & Liab Co	38318	
	OFFICIOATE ANIMPED, 4640700455	PEVISION NUMBER:	and the same and the	

COVERAGES CERTIFICATE NUMBER: 1612793455
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AMBED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTARDING 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 ODOMINIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN RECUEDED BY ADD CLAME. POLICY EFF POLICY EXP ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILITY EN4MI 00520231 5/31/2023 5/31/2024 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (En occurre \$ 1,000,000 CLAIMS-MADE X OCCUR \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000

GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE UMIT APPLIES PER POLICY PRO- LOC PRODUCTS - COMP/OP AGG \$ 2,000,000 Pollution
COMBINED SINGLE LIMIT
(Ea accident) OTHER 10176053CA 5/31/2023 5/1/2024 \$ 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) X ANY AUTO ALL OWNED AUTOS BODII Y INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) 5 X HIRED AUTOS 8 X UMBRELLA LIAB X OCCUR MKLV4EFX104014 EN4CU00508231 5/31/2023 5/31/2024 EACH OCCURRENCE \$ 5,000,000 X EXCESS LIAB AGGREGATE \$ 5,000,000 CLAIMS-MADE DED RETENTION \$

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
ANY PROPRIETOR PARTIMEMENT EXCLUDED?
(Mandatory in NH)
If was deproduced. Total Limit \$\$10,000,000 X PER STATUTE 0002015685 WC 9290de 5/31/2023 5/31/2024 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000 5/31/2024

ched if more space is required)

dorsement that provides additional insured status to the certificate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be atta All policies except Workers' Compensation include a blanket automatic additional insured en holder only when there is a written contract between the named insured and the certificate! red endors

automatic waiver of subrogation endorsement that provides t		ned insuled and the commission flower that reductives the many limited and the control of the commission of the commissi		
	CERTIFICATE HOLDER		CANCELLATION	
	City of Hammond 5925 Calumet Avenue	/	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	Hommand IN 46320 USA	25	AUTHORIZED REPRESENTATIVE GINA PIMENTEL 2024 004 202	
		$-\pi$	RECORDER 2024-001202	

ACORD 25 (2014/01)

The ACORD name and logo are regi

STATE OF INDIANA LAKE COUNTY

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RECORDED AS PRESENTED