ACTOT A PHETERIFOI CHIA LINGUAGE UM EN 1922
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.
MIDODIANT. If the confidence helder is an ADDITIONAL MIGUIDED the relieuties) must have ADDITIONAL INCLUDED accordance on he and made

IMPORTANT: If the certificate noider is an ADDITIONAL INSURED, the policytes) must have ADDITIONAL INSURED provisions of the subsequence. 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 certificate holder in lieu of such endorsement(s). Kelley R. Eccles Leech Bridges, Inc PHONE (A/C, No. Ext): 847-872-4982 E-MAIL ADDRESS: FAX (A/C, No): 847-872-2528 1717 Lewis Ave Zion, IL 60099 INSURER(S) AFFORDING COVERAGE INSURER A: Pekin Insurance 24228 INSURED NPSE Home Solutions PLLC, DBA HX Home Solutions INSURER B: Liberty Mutual 1840 Industrial Dr Ste 100 Libertyville, IL 60048 INSURER C : INSURER D : INSURER E : INSURER F : COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: VERTIFICATE 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 PERTIAN. 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 CLAMIS. ADDL SUBR POLICY EFF POLICY EXP INSR TYPE OF INSURANCE POLICY NUMBER LIMITS MERCIAL GENERAL LIABILITY EPP 0696850 10/03/2024 10/03/2025 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE / OCCUR ١٠ 100,000 5.000 MED EXP (Any one person) \$ 1.000.000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 8 2.000.000 POLICY PRO-LOC PRODUCTS - COMP/OP AGG \$ 8 OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY EPP 0696850 10/03/2024 10/03/2025 3 1,000,000 ANY AUTO BODILY INJURY (Per person) 1 5 SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per a PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY s \$ UMBRELLA LIAB 5.000.000 EDD 0696850 10/03/2024 OCCUR **FACH OCCURRENCE** \$ EXCESS LIAB AGGREGATE 5 000 000 DED RETENTION \$

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANYTROPRIET CORPARTNEREXECUTIVE
OFFICE/MEMBRER EXCLUDED?
(Mandatory in Hr)
If pgs, describe in— CLAIMS-MADE 09/14/2024 ✓ PER STATUTE WC5-39S385671-062 09/14/2023 1.000.000 E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attack Certificate holder is listed as additional insured in respects to the General Liability Scope Of work is roofing GINA PIMENTEL 2024-001222 RECORDER STATE OF INDIANA 8:50 AM 2024 Jan 17 LAKE COUNTY RECORDED AS PRESENTED CERTIFICATE HOLDER CANCELLATION

Lake County Plan Commission 2293 N. Main St Crown Point, IN 46307

AUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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