

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/12/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UNDER 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 have ADDITIONAL INSURED provisions or 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 certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Rothschild Agency, Inc 8979 Broadway Merrillville, IN 46410 Roxanne L. Gard	219-769-6616	<b>CONTACT NAME:</b> Roxanne L. Gard <b>PHONE (A/C, No. Ext):</b> 219-769-6616 <b>FAX (A/C, No.):</b> 219-769-7423 <b>E-MAIL ADDRESS:</b> roxanne@rothschildagency.com
<b>INSURED</b> The Woodshop Inc 6430 W Lincoln Highway Crown Point, IN 46307		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : The Cincinnati Insurance Cos.      10677 INSURER B : Bridgefield Casualty Ins. Co.      10335 INSURER C : INSURER D : INSURER E : INSURER F :

**COVERAGES      CERTIFICATE NUMBER:      REVISION 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 PERTAIN, 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 CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR (RFD-992)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		EPP0157116	09/23/2023	09/23/2024	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000	
						MED EXP (Any one person) \$ 10,000	
						PERSONAL & ADV INJURY \$ 1,000,000	
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
						\$	
	GEN'L AGGREGATE LIMIT APPLIES PER						
						POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	
						OTHER \$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		EPA0157116	09/23/2023	09/23/2024	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY					<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY		<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per person) \$		PROPERTY DAMAGE (Per accident) \$	
						\$	
	<input type="checkbox"/> UMBRELLA LIAB					EACH OCCURRENCE \$	
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$	
						\$	
	DED RETENTION \$						
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		19641568	09/23/2023	09/23/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER \$	
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)	Y/N				N N/A	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Scope of Work: General Contractor**

**GINA PIMENTEL**  
**RECORDER**  
2024-002660  
**STATE OF INDIANA**  
**LAKE COUNTY**  
**RECORDED AS PRESENTED**  
**9:35 AM    2024 Jan 28**

<b>CERTIFICATE HOLDER</b>  LAKE CO PLANNING COMMISSION 2293 NORTH MAIN ST CROWN POINT, IN 46307	LAC9003  25 CC RM	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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