T AN OFFICIAL DOGUN

CERTIFICATE OF LIABILITY INSURANCE

01/03/2024

NAIC #

FAX

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/les) 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). CONTACT Rob Rothschild. CIC

PHONE (A/C, No, Ext): 219-769-6616

INSURER B:

INSURER C . INSURER D:

INSURER A: SECURA Insurance

INSURER(S) AFFORDING COVERAGE

219-769-6616

BRODUCER Rothschild Agency, Inc

INSURED

8979 Broadway
Merriliville, IN 46410Rob Rothschild, CIC

Hennessey Development, Inc Bob Hennessey 10769 Broadway, Ste. 318 Crown Point, IN 46307

· O.		INSURER F:		
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICES 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 HESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR NAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUICH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
INSR TYPE OF INSURANCE	ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS	
A X COMMERCIAL GENERAL LIABILITY			EACH OCCURRENCE \$	1,000,000
CLAIMS-MADE X OCCUR	CP3133170	12/27/2023 12/27/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000
			MED EXP (Any one person) \$	10,000
			PERSONAL & ADV INJURY \$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	100	1 1	GENERAL AGGREGATE \$	2,000,000
POLICY PROL	1 1 4/4		PRODUCTS - COMP/OP AGG \$	2,000,000
OTHER:	1/0		ss	
A AUTOMOBILE LIABILITY	C		COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
X ANY AUTO	A3343981	12/27/2023 12/27/2024	BODILY INJURY (Per person) \$	
OWNED SCHEDULED AUTOS		_	BODILY INJURY (Per accident) \$	
LILI AUTOS ONLY NON-GWNED		0,	PROPERTY DAMAGE (Per accident) \$	
			\$	
UMBRELLA LIAB OCCUR		704	EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE	티		AGGREGATE \$	
DED RETENTION \$			\$	
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			PER STATUTE ER	500.000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	WC3133171	12/27/2023 12/27/202	E.L. EACH ACCIDENT \$	500,000 500,000
(Mandatory in NH)	1	1 16	E.L. DISEASE - EA EMPLOYEE \$	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below			E.L. DISEASE - POLICY LIMIT S	500,000
			0/2	
DESCRIPTION OF OPERATIONS / LOCATIONS / VENICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Scope of Work: General Contractor GINA PIMENTEL				
RECORDER 2024-002700				
STATE OF INDIANA LAKE COUNTY 1:05 PM 2024 Jan 28 RECORDED AS PRESENTED				
CERTIFICATE HOLDER CANCELLATION LAC9003				
LAKE CO PLANNING CO 2293 NORTH MAIN ST	DMMISSION	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	ř	AUTHORIZED REPRESENTATIVE		JUV
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