ACORD	E	TIF	CATE OF L	ARII	ITY IN	SLIBA M	85	DAT	E (MM/DD/YYYY)	
THIS CERTIFICATE IS INSEED AS CERTIFICATE DOES NOT AFFIRM	A NA	TTER	OF ILEOPING	A	2 001 55		<u>``I I\/I⊨</u>	LAL:	)2/2 <mark>2/2024</mark>	
CERTIFICATE DOES NOT AFFIRMA	TIVE	LY OR	NEGATIVELY AMEN	ND, EX	TEND OR AL	LTER THE	OVERAGE AFFORDE	CATE H	OLDER. THIS	
BELOW. THIS CERTIFICATE OF I REPRESENTATIVE OR PRODUCER,					CONTRAC	T BETWEEN	THE ISSUING INSUR	ER(S),	AUTHORIZED	
IMPORTANT: If the certificate holder is an ADDITIONAL INCURED the certificate holder is an ADDITIONAL INCURED the certificate holder is an ADDITIONAL INCURED the certificate holder is an ADDITIONAL INCURRED the certificate holder incurred the certificate holder incurred the certifi										
If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.  this certificate does not confer rights to the certificate holder. It was a confer rights to the certificate holder. It was a confer rights to the certificate holder.										
PRODUCES										
Raines Insurance Group	NAM	CONTACT NAME: Randall S Raines								
251 Indiana Ave.					NAME:   Randall S Raines					
1	ADDI	ADDRESS: Talldy@ilisuralicebyraines.com								
Valparaiso	-	INSURER(S) AFFORDING COVERAGE								
IN 46383					INSURER A: GRAIN DEALERS MUT INS CO					
Flow Pro LLC		INSURER C:								
10919 N 518 E		INSURER D :								
					INSURER E :					
DEMOTTE			IN 46310-8935					_		
THIS IS TO CERTIFY THAT THE BOLLOW			NUMBER:				REVISION NUMBER:	$\rightarrow$		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AMED ABOVE FOR THE POLICY PERINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER POLICY PERINDICATED.										
MOIGATED. NOTWITHEN JUNE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE BAY BY EN SINGLE OF MAY PERVIAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUBJECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUBJECT TO ALL THE TERMS, MISRI										
INSR LTR TYPE OF INSURANCE	ADDL	SUBR WVD		E BEEN			i.	IO ALL	THE TERMS,	
COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	IITS		
CLAIMS-MADE X OCCUR	0						EACH OCCURRENCE	\$ 1,0	00,000	
I STOOK	1						DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,0	00,000	
Α			MPT7539X		08/18/2023	00/40/2004	MED EXP (Any one person)	s 10,		
GEN'L AGGREGATE LIMIT APPLIES PER:		1			00/10/2023	08/18/2024	PERSONAL & ADV INJURY		00,000	
POLICY X PRO-							GENERAL AGGREGATE	-	00,000	
OTHER:			100.				PRODUCTS - COMP/OP AGG	\$ 2,0	00,000	
AUTOMOBILE LIABILITY  ANY AUTO	П		YZ.				COMBINED SINGLE LIMIT (Ea accident)	s		
OWNED SCHEDULED			10				BODILY INJURY (Per person)	s		
AUTOS ONLY AUTOS	1 1		C				BODILY INJURY (Per accident			
AUTOS ONLY AUTOS ONLY			(				PROPERTY DAMAGE (Per accident)	s		
UMBRELLA LIAB COCUE	$\vdash$	-		مهد				s		
EXCESS LIAB OCCUR CLAIMS-MADE					V	ļ	EACH OCCURRENCE	\$		
DED RETENTIONS	1 1				42		AGGREGATE	s		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		_			1///		1050	\$		
ANY PROPRIETOP/PARTNER/FYFOUTHER TYPE		1			. (/	- 1	PER OTH- STATUTE ER			
(Mandatory in NH)	N/A						E.L. EACH ACCIDENT	5		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE			
LAKE COUNTY BOND	Т					10	E.L. DISEASE - POLICY LIMIT	\$		
В		64	4421797		11/15/2023	11/15/2024	PENALTY	\$5,0	1	
DESCRIPTION OF ORFOLY INC.						-		45,0	· 1	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL PLUMBING CONTRACTOR FOR LAKE CO	.ES (AC	ORD 101	, Additional Remarks Schedu	ile, may be	attached if more	space is require	d)			
GINA PIMENTEL RECORDER 2024-006909										
STATE OF INDIANA										
LAKE COUNTY 8:57 AM 2024 Feb 23										
RECORDED AS PRESENTED 2024 Peb 23										
CERTIFICATE HOLDER CANCELLATION										
				SHOU	LD ANY OF TH	HE ABOVE DE	SCRIBED POLICIES BE C.	ANCELLI	ED BEFORE	
Lake county Plan Commission					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
2293N. Main St.							PROVISIONS.	-	25	
ELOUIT. Mail Of.	AUTHORI	THORIZED REPRESENTATIVE								
Crown Point,			IN 46307	$\overline{}$		Fu 1	<b>—</b>		المزيا	

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