NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF LIABILITY INSURANCE

| DAIL | MMADUITTI | τ, |
|------|-----------|----|
| 0.7 | 12312024 | |

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.

REPRESENTATIVE OF PRODUCER, AND THE CERTIFICATE NOTICES.

MPORTANT: 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 noticer in lieu of suc | i enuorsementoj. | | | |
|--|--|---|---------|--|
| PRODUCER | CONTACT Lynne Smith/Gina Geroff NAME: LSAY COOL STORES | | | |
| Affiliated Agencies LLC | PHONE (630) 279-2727 (AJC, No. Ext): (630) 279-5352 | | | |
| 188 Industrial Drive | E-MAIL lynne@affiliatedagencieslic.com | | | |
| Suite 136 | INSURER(S) AFFOR | | AIC # | |
| Elmhurst IL 60126 | INSURERA: Liberty Mutual Insurance | | | |
| INSURED | INSURER B: | | | |
| Eth- B-st-All- Commen | INSURER C: | | | |
| | INSURER D: | | | |
| TI 184 Shuman Blvd. Suite 250 | | | | |
| | INSURER E: | | | |
| Traper time | INSURER F: | DENGLON WIMPER- | | |
| COVERAGES CERTIFICATE NUMBER: Master2 | | REVISION NUMBER: | _ | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY | CONTRACT OR OTHER DOCUMENT OF | WITH RESPECT TO WHICH THIS | | |
| | | JBJECT TO ALL THE TERMS, | | |
| EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEE | N REDUCED BY PAID CLAIMS. | | | |
| INSR J LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER | POLICY EFF POLICY EXP | LIMITS | | |
| COMMERCIAL GENERAL LIABILITY | | EACH OCCURRENCE \$ | | |
| | | DAMAGE TO RENTED PREMISES (Ea occurrence) 5 | | |
| CLAIMS-MADE CCCUR | | MED EXP (Any one person) \$ | | |
| | | PERSONAL & ADV INJURY S | _ | |
| | | | | |
| GENT AGGREGATE LIMIT APPLIES PER: | | GENERAL AGGREGATE \$ | | |
| POLICY PRO- LOC | | PRODUCTS - COMPIOPAGG \$ | | |
| CLAMS-MAGE COCUR 15 CLAMS-MAGE COCUR 15 CLAMS-MAGE COCUR 16 CLAMS-MAGE COCUR 17 CLAMS-MAGE COCUR 18 CLAMS-MAGE COCUR 18 | | | | |
| TI AUTOMOBILE LIABILITY | | (Ea accident) | | |
| C ARYAUTO | | BODILY INJURY (Per person) S | | |
| | | BODILY INJURY (Per accident) \$ | | |
| AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY | | PROPERTY DAMAGE (Per accident) | | |
| AUTOS ONLY AUTOS ONLY | 9/ | s | | |
| E . , UMBRELLA LIAB OCCUR | V2 | EACH OCCURRENCE 3 | | |
| Tel- | T/) _ | AGGREGATE \$ | | |
| | | AGGREGATE S | | |
| DED RETENTION \$ | | X PER OTH- | | |
| AND EMPLOYERS LIABILITY Y/N | | 500,000 | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE CALL AND PROPRIETOR DATA | 04/28/2023 04/28/2024 | EL ENCHAGGIDENT | | |
| . [[standatory erren] | | E.L. DISEASE - EXEMPLOTEE 3 | _ | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | E.L. DISEASE - POLICY LIMIT \$ 500,000 | _ | |
| Officers Excluded; Scott Billie, Brian | | | | |
| Solares, Nathan Ton, Bradley Azbell | 1 1 | TO. | | |
| 24 * | | V/A | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule | , may be attached if more space is required) | 0/ | | |
| WC Policy covers work done in Indiana only | | 40 | | |
| General Contractor with Trades | GINA PIMENTEL | 000 00000 | | |
| The Scope of work to be completed-Roofing, Siding and Gutters | RECORDER | 2024-006952 | | |
| | STATE OF INDIANA | | | |
| 64 · r | LAKE COUNTY | 12:03 PM 2024 Feb | 23 | |
| T _i | RECORDED AS PRESENT | | | |
| | DE CONTRACTOR DE | | | |
| CERTIFICATE HOLDER | CANCELLATION | | - | |
| <u> </u> | CHOILD AND OF THE ADOLE | SCRIBED POLICIES BE CANCELLED BEFO | ORE/ | |
| | THE EXPIRATION DATE THEREOF | F, NOTICE WILL BE DELIVERED IN | 7 | |
| Lake County Planning Commission | ACCORDANCE WITH THE POLICY | Y PROVISIONS. | > | |
| | | | | |
| 2293 N Main St. AUTHORIZED REPRESENTATIVE | | | | |
| T | | 0 | Y K | |
| Crown Point IN 46307 | Xy | ne Smith | V | |
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