CERTIFICATE OF LIABILITY INSURANCE

02/23/2024 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 holds if SUBROGATION IS WAIVED, subjethis certificate does not confer right							NAL INSURED provision require an endorsemen	s or b	e endorsed. tatement on	
PRODUCER Homestar Insurance Services 303 Section Line Road Manteno, IL 60950					CONTACT Jacci Snodsmith					
					ADDRESS: ISHOUSHHUIGHUHESIZHIS.COM					
					INSURER(S) AFFORDING COVERAGE INSURER A: Westfield Insurance Company					
INSURED Superior, LLC		-				io insurance	Company		24112	
13535 Iowa St					INSURER B:					
Crown Point, IN 46307					INSURER C :					
					INSURER D:					
					INSURER E :					
COVERAGES CERTIFICATE NUMBER:					INSURER F:					
THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC- USED TYPE OF INSURANCE	S OF REQUI PER H POL	REME	RANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	O ALL		
A COMMERCIAL GENERAL LIABILITY	Thomas	THYD	CWP017873D	_	02/08/2024	02/08/2025		_	4 000 00	
CLAIMS-MADE V OCCUR		10	0		OLIOLIZOL4	020002020	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,00	
The second		1	/ ·					5	500,00	
	1						MED EXP (Any one person)	S	5,00	
GEN'L AGGREGATE LIMIT APPLIES PER:	- [						PERSONAL & ADV INJURY	\$	1,000,000	
POLICY PRO- LOC	1		.0)				GENERAL AGGREGATE	\$	2,000,000	
OTHER:			7/				PRODUCTS - COMP/OP AGG	5	2,000,000	
A AUTOMOBILE LIABILITY	1	1	CWP017873D		02/08/2024	02/08/2025	COMBINED SINGLE LIMIT	\$		
ANY AUTO	1				02/00/2024	02/00/2023	(Ea accident) BODILY INJURY (Per person)	5	500,000	
OWNED SCHEDULED	1		(				BODILY INJURY (Per person)	s	_	
AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY				-/			PROPERTY DAMAGE	s		
ADIOS ONLY				-C			(Per accident)	s		
UMBRELLA LIAB OCCUR	-	1		-				_		
EXCESS LIAB CLAIMS-MAD		1 1					EACH OCCURRENCE	\$		
DED RETENTIONS	1			- 1			AGGREGATE	S		
WORKERS COMPENSATION	1	i			1.6	-	PER STATUTE   OTH-	S		
AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	,	1						-		
OFFICER/MEMBEREXCLUDED?	N/A	1 1					E.L. EACH ACCIDENT	s		
If yes, describe under DESCRIPTION OF OPERATIONS below						'(0)	E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	_		
							EL DISEASE - POLICY LIMIT	5		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIOR	LES (A	CORD	101, Additional Remarks Schedu	le, may be	attached if more	space is require	4			
				GINA	PIMENTEL CORDER		2024-00696	62		
				LAKE	OF INDIAN COUNTY AS PRESE	A 1	2:48 PM 2024 F		1	
ERTIFICATE HOLDER	_	_			ELLATION		Agent services (see )			
Lake County Plan Commissi 2293 N Main St. Crown Point, IN 46307	25	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, MOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
-			an	AUTHORIZED REPRESENTATIVE Beion Dieffley						
		_						_		