

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/22/2023

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(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> MidCoast Insurance 300 E. 90th Dr  Merrillville IN 46410  <b>INSURED</b> WITECH COMPANY INC 25353 S STATE ST  <b>CRETE</b> IL 60417-4003	<b>CONTACT</b> NAME: Sharon VanWyhe PHONE (A/C, No, Ext): (219) 213-2306   FAX (A/C, No): E-MAIL ADDRESS: sharon@MidCoastins.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>ERIE INS EXCH</td> <td>26271</td> </tr> <tr> <td>INSURER B:</td> <td>FLAGSHIP CITY INS CO</td> <td>35585</td> </tr> <tr> <td>INSURER C:</td> <td>WESTCHESTER SURPLUS LINES INS CO</td> <td>10172</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	ERIE INS EXCH	26271	INSURER B:	FLAGSHIP CITY INS CO	35585	INSURER C:	WESTCHESTER SURPLUS LINES INS CO	10172	INSURER D:			INSURER E:			INSURER F:		
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**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.

INSTR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSRD	WVD					
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes X, C and U coverage  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Q38-1551702	02/15/2024	02/15/2025	EACH OCCURRENCE	\$ 2,000,000
							UPGRADE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q02-1540174	02/15/2024	02/15/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			Q26-1570647	02/15/2024	02/15/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	Q86-6500518	02/15/2024	02/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
C	<input checked="" type="checkbox"/> <b>Contractors Pollution Liability</b>			G71119531006	4/13/2024	02/15/2025	General Aggregate	2,000,000
							Pollution Liability	2,000,000
							Deductible	5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See ACORD 101

**GINA PIMENTEL**  
**RECORDER**  
 STATE OF INDIANA  
 LAKE COUNTY  
 RECORDED AS PRESENTED

2024-006979

2:48 PM 2024 Feb 23

<b>CERTIFICATE HOLDER</b>  Lake County Plan Commission  2293 N. Main St.  Crown Point IN 46307	<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 Timothy Verdin
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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY MidCoast Insurance		NAMED INSURED WITECH COMPANY INC	
POLICY NUMBER Q26-1570647, Q86-6500518, Q38-1551702, Q02-1540174			
CARRIER ERIE INS EXCH	NAIC CODE 26271, 3550	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

FORM NUMBER: 25      FORM TITLE: Certificate Of Liability Insurance

Additional Insured - Owners, Lessees, or Contractors - Automatic Status When Required in Construction Agreement with you - Completed Operations ULUG(5/20); Additional Insured - Owners, Lessees, or Contractors - Automatic Status When Required in a Construction Agreement with you ULRH(7/16); Primary and Non-Contributory with Waiver of Subrogation FX0003 (7/16) on the General Liability; Automatic Additional Insured Primary and Non Contributory with Waiver of Subrogation on Auto per written contract ACLE02(7/22); Blanket Waiver of Subrogation on WC 00 03 13 (4/84) Umbrella follows Form (for the General Liability, Employers Liability and Auto Liability) and includes Primary Non-Contributory with Waiver of Subrogation CAT-166 (10/22). Excluded officers on WC are Tom Witvoet, Darren Prince and Nicholas Frederick. 30 day Cancellation with 10 day Non Payment on all policies. Pollution Additional Insured and Waiver also attached. Blanket rented/leased mobile equipment coverage of \$3,000,000. Insured is an EXCAVATING CONTRACTOR.