



# NOT AN OFFICIAL DOCUMENT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/02/24

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 endorsements(s).

<b>PRODUCER</b> Thomas Keenan (365039H) 264 Uptown Dr  Bay City MI 48708		<b>CONTACT</b> NAME: Thomas Keenan PHONE (A/C, NO, EXT): 989-671-9869 FAX (A/C, NO): 989-671-1790 E-MAIL ADDRESS: tkeenan@farmersagent.com													
<b>INSURED</b> JIF Paving Inc. 11908 W 108th Pl  Saint John IN 46373		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr><td>INSURER A: Truck Insurance Exchange</td><td>21709</td></tr> <tr><td>INSURER B: Farmers Insurance Exchange</td><td>21652</td></tr> <tr><td>INSURER C: Mid Century Insurance Company</td><td>21687</td></tr> <tr><td>INSURER D: Technology Insurance Company, Inc</td><td>42376</td></tr> <tr><td>INSURER E: Continental Casualty Company</td><td>20443</td></tr> <tr><td>INSURER F:</td><td></td></tr> </table>		INSURER A: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D: Technology Insurance Company, Inc	42376	INSURER E: Continental Casualty Company	20443	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 NAME 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.

INSR ITR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
E	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	N	QCNO8854719	11/01/2023	11/01/2024	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 100,000	
	MED EXP (Any one person)						\$ 5,000		
	PERSONAL & ADV INJURY						\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000	
<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	806989231	04/11/2023	04/11/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
D	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$	
							AGGREGATE	\$	
								\$	
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In IN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	N	UB-4X068114-23-42-G	11/01/2023	11/01/2024	<input checked="" type="checkbox"/> PER STATUTE	\$
								<input type="checkbox"/> OTHER	\$
								E.L. EACH ACCIDENT	\$ 500,000
								E.L. DISEASE - EA EMPLOYEE	\$ 500,000
A	Inland Marine	N	N	807043012	06/26/2023	06/29/2024	ASPHALT PAVER	20,000	
							LEE BOX 8500		

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

GINA PIMENTEL  
RECORDER

2024-010054

CERTIFICATE HOLDER  
 Lake County  
 Plan Commission  
 2293 N. Main Street  
 Crown Point, IN 46307

STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

11:20 AM 2024 Apr 3

AUTHORIZED REPRESENTATIVE Thomas Keenan

THE EXPIRATION  
CLY PROVISIONS.