

# NOT AN OFFICIAL DOCUMENT

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

(DATE) (MM/YY/YY)

02/16/2024

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 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> Volkman Insurance Agency, Inc. PO Box 369 North Aurora IL 60542	<b>CONTACT NAME:</b> George Gladis <b>PHONE (A/C, No. Ext.):</b> (630) 897-8824 <b>FAX (A/C, No.):</b> (630) 897-1550 <b>E-MAIL ADDRESS:</b> george@volkmaninsurance.com														
<b>INSURED</b> J and T Construction Services, Inc. 2804 S. 48th Ct. Cicero, IL 60804-3618	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A : <b>Pekin Insurance</b></td> <td></td> </tr> <tr> <td>INSURER B : <b>Liberty Mutual Insurance</b></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Pekin Insurance</b>		INSURER B : <b>Liberty Mutual Insurance</b>		INSURER C :		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.

INSR LTR	TYPE OF INSURANCE	ADOL	SUBR	INSOL	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					006051418	12/24/2023	12/24/2024	EACH OCCURRENCE \$ 1,000,000
									DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:								MED EXP (Any one person) \$ 10,000
	<b>AUTOMOBILE LIABILITY</b>								PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY								GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE								PRODUCTS - COM/PO/AGG \$ 2,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$								\$
B	<b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WCS-39S-716739-033	12/24/2023	12/24/2024	COMBINED SINGLE LIMIT (Ea accident) \$
									BODILY INJURY (Per person) \$
									BODILY INJURY (Per accident) \$
									PROPERTY DAMAGE (Per accident) \$
									\$
									EACH OCCURRENCE \$
									AGGREGATE \$
									\$
A	Tools and Equipment					006051418	12/24/2023	12/24/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
									E.L. EACH ACCIDENT \$ 500,000
									E.L. DISEASE - EA EMPLOYEE \$ 500,000
									E.L. DISEASE - POLICY LIMIT \$ 500,000
									Per policy limits

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

Carpentry and residential roofing.  
 Owners, Joanna Mercado and Jose Padilla, are excluded from Workers Compensation and Employer's Liability.

GINA PIMENTEL  
 RECORDER      **2024-010078**

STATE OF INDIANA  
 LAKE COUNTY      **12:38 PM    2024 Apr 3**

**CERTIFICATE HOLDER**

Lake County Plan Commission  
 2293 N. Main St.  
 Crown Point, IN 46307

RECORDED AS PROVIDED

FOR THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: *Marge M. Hladik*      <GMG>