## OT AN OFFICIAL DOCUMEN

## CERTIFICATE OF LIABILITY INSURANCE

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SURROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). Lyndsay Myers AssuredPartners of Indiana II C PHONE (AC. No. Ext): 317-595-7392

E-MAIL ADDRESS: Lyndsay.Myers@AssuredPartners.com FAX 10 E Main Street Suite 400 Carmel IN 46032 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Zurich American Insurance Co. 16535 ACCUALIAN INSHIPED 24554 INSURER B : XL Insurance America, Inc. Milestone Contractors North Inc. Milestone Contractors North LLC INSURER C : Westchester Fire Insurance Company 10030 Milestone Contractors, L.P. INSURER D 1700 E. Main St. INSURER E Griffith IN 46319 SUSTIDED E COVERAGES CERTIFICATE NUMBER: 619782766 REVISION NUMBERS 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 INDICATED. HOTWITES TABLES OF MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SLICH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITE X COMMERCIAL GENERAL LIABILITY GLO340316104 R/1/2024 6/1/2025 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre \$2,000,000 CLANSMADE X OCCUR \$400,000 XCU MED EXP (Any one person) \$ 10,000 X \$2,000,000 CONTRACTUAL LIAB PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$4,000,000 POLICY X PRO-PRODUCTS - COMP/OP AGG \$4,000,000 OTHER COMBINED SINGLE LIMIT (En appident) AUTOMOBILE LIABILITY B/1/2024 6/1/2025 \$ 5,000,000 BAD34031B3D4 ANY AUTO BODILY INJURY (Per person) SCHEDULED OWNED AUTOS ONLY ROOM Y INJURY (Par accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY B HURDELLA LIAR OCCUR US000853551124A 6/1/2024 6/1/2025 s 10.000.000 EACH OCCURRENCE FXCESS LIAR CLAIMS-MADE AGGREGATE \$10,000,000 RETENTION S WORKERS COMPENSATION X | PER | ANYPROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 f yes, describe under DESCRIPTION OF OPERATIONS below EL-DISEASE - POLICY LIMIT | \$ 1,000,000 EXCESS LIMBRELLA G71809213005 6/1/2024 6/1/2025 OCCJAGG DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Asphalt, concrete excavating, paving GINA PIMENTEL 2024-016483 RECORDER STATE OF INDIANA LAKE COUNTY 9:37 AM 2024 Jun 21 RECORDED AS PRESENTED CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Lake County Plan Commission ACCORDANCE WITH THE POLICY PROVISIONS. 2293 N. Main St. Crown Point IN 46307 AUTHORIZED DEPOSSENTATIVE HSA

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