

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/19/2024

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><br>Kozlowski Insurance<br>8348 Kennedy Ave.<br>P.O. Box 9037<br>Highland, Indiana 46322 | <b>CONTACT</b><br>NAME: Mary T. Carpenter<br>PHONE (A/C, No. Ext): 219-923-2000<br>E-MAIL: mary@kozlowskins.com<br>ADDRESS:<br>INSURER(S) AFFORDING COVERAGE:<br>INSURER A: Property-Owners Insurance Company      NAIC # 32905<br>INSURER B: Auto-Owners Insurance Co      18988<br>INSURER C: Ohio Casualty Insurance Co<br>INSURER D: American States Ins Co Liberty Mutual<br>INSURER E:<br>INSURER F: |
| <b>INSURED</b><br>Wes Jenkins Builders, Inc.<br>11218 Wicker Ave.<br>Cedar Lake, Indiana 46303          |  |

**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.

| INSET LTR | TYPE OF INSURANCE   | ADDITIONAL CODES                    | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXP. DATE (MM/DD/YYYY) | LIMITS  |
|-----------|---|-------------------------------------|---------------|-------------------------------|-------------------------------|---|
| A         | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER<br>POLICY:    PRO-    LOC<br>JECT<br>OTHER:   |                                     | 09148741      | 06/28/2024                    | 06/28/2025                    | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 1,000,000<br>PRODUCTS - COMP/CP AGG \$ 1,000,000 |
| B         | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br>OWNED AUTOS ONLY      SCHEDULED AUTOS ONLY<br>HIRE/ NON-OWNED AUTOS ONLY<br><br><input type="checkbox"/> UMBRELLA LIAB      OCCUR<br><input type="checkbox"/> EXCESS LIAB      CLAIMS-MADE<br>DED.      RETENTION \$ |                                     | 4514874100    | 06/28/2024                    | 06/28/2025                    | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                     |
| A         | <input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in IA)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input type="checkbox"/> N/A | 09010161      | 06/28/2024                    | 06/28/2025                    | <input checked="" type="checkbox"/> PER STATUTE      OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000   |
| D         | Lake County Unified Bond  |                                     | 328150544     | 08/26/2023                    | 09/28/2024                    | Lake County Bond 5,000  |
| C         | Newton County Bond  |                                     | 325504152     | 05/09/2024                    | 05/09/2025                    | Newton County Bond 5,000  |
| B         | Porter County Etal Bond   |                                     | 66386404      | 04/25/2024                    | 04/25/2025                    | Porter County Bond 5,000  |

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

GINA PIMENTEL  
 RECORDER      **2024-016495**  
 STATE OF INDIANA  
 LAKE COUNTY  
 RECORDED AS PRESENTED      11:24 AM    2024 JUN 21

**CERTIFICATE HOLDER**      **CANCELLATION**

|   |   |
|---|---|
| Lake County Planning Commission<br>2293 N. Main St<br>Crown Point, IN 46307 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|