

NOT AN OFFICIAL DOCUMENT



CONCGRO-01

NGOWDA2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/21/2024

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).

PRODUCER Alliant Insurance Services, Inc. 353 N Clark St 11th Fl Chicago, IL 60654	CONTRACT NAME: Chicago P&C Cert Team	
	PHONE (A/C, No, Ext): (312) 696-6200	FAX (A/C, No):
E-MAIL ADDRESS: CHC-INSERTS@alliant.com		INSURER(S) AFFORDING COVERAGE
INSURER A: Evanston Insurance Company		NAIC # 35378
INSURER B: Cincinnati Insurance Company		NAIC # 10677
INSURER C: American Interstate Insurance Company		NAIC # 31895
INSURER D: Sentinel Insurance Company Ltd		NAIC # 11000
INSURER E: Capitol Specialty Insurance Corporation		NAIC # 10328
INSURER F:		

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.

INSURANCE TYPE	ADDITIONAL COVERAGES	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A. COMMERCIAL GENERAL LIABILITY CHICAGO <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X X	MKLV3PBC002911	9/3/2023	9/3/2024	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
					\$
B. AUTOMOBILE LIABILITY OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X X	EBA0628223	9/3/2023	9/3/2024	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					\$
C. UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE	X X	MKLV3EUL102955	9/3/2023	9/3/2024	EACH OCCURRENCE \$ 5,000,000
					AGGREGATE \$ 5,000,000
					\$
D. WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUSION? (Mandatory in IL) Y/N <input type="checkbox"/> N/A	X	AVWCIL3208872023	9/3/2023	9/3/2024	PER STATE / OTHER <input checked="" type="checkbox"/> <input type="checkbox"/>
					EL EACH ACCIDENT \$ 1,000,000
					EL DISEASE - EA EMPLOYEE \$ 1,000,000
					EL DISEASE - POLICY LIMIT \$ 1,000,000
E. Leased/Rented Eqt	X	83SBATZ6265	10/15/2023	10/15/2024	Limit \$500 Deductible \$ 878,600
					EV20150741-09

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Ro: General Contractor and Electrical Contractor.

THIS CERTIFICATE IS NOT VALID UNLESS IT IS SIGNED BY THE PRODUCER OR AN AGENT OF THE PRODUCER.
 I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
 DATE: 6/21/2024
 SIGNATURE: _____
 TITLE: _____

GINA PIMENTEL
 RECORDER
 2024-016522
 STATE OF INDIANA
 LAKE COUNTY
 RECORDED AS PRESENTED
 2:12 PM 2024 Jun 21

CERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main St Crown Point, IN 46307	CANCELLATION 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
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ACORD 25 (2016/03)

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