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(les) 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).

PRO	DUCER				NAME:					
The Horton Group 10320 Orland Parkway Orland Park IL 60467						PHONE [AIC, No. Ext]: 708-845-3000 [FAX [AIC, No]:				
						E-MAIL Appress: certificates@thehortongroup.com				
-					200.02			RDING COVERAGE		NAIC#
					INSURER A: Western National Mutual Ins Co					15377
	JRED			HOMEMAN-01	INSURER B : StriusPoint America Insurance Company					38776
Ho	mer Tree Service Incorporated 464 W 143rd Street - Suite B				INSURER C : Accident Fund Insurance Company of America					10166
	ckport IL 60441				INSURER D : Mt. Hawley Insurance Company					37974
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CE	RTIFI	CAT	E NUMBER: 1528550949			contraction	REVISION NUMBER:		
7	HIS IS TO CERTIFY THAT THE POLICIE	S OF	INSU	RANCE LISTED BELOW HAV	VE BEE	N ISSUED TO	THE INSURI	ED NAMED ABOVE FOR T	HE POLIC	Y PERIOD
I	IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY	REQUI	REME	INT, TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO W	HICH THIS
E	XCLUSIONS AND CONDITIONS OF SUCI	POL	ICIES	LIMITS SHOWN MAY HAVE	BEEN	REDUCED BY	PAID CLAIMS	D FIEREIN IS SUBJECT IN	O ALL III	L ILIMO,
NSF	TYPE OF INSURANCE	ADD	SUBI	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	9 1	Y	CPP1087512		5/15/2024	5/15/2025	EACH OCCURRENCE	s 1,000,000	
	CLAIMS-MADE X OCCUR	4	1 -					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000	,
	X XCU Included)				MED EXP (Any one person)	s 5,000		
							PERSONAL & ADV PUURY	\$1,000,000		
	GENTL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000		
	POLICY X PRO- LOC			1-0				PRODUCTS - COMP/OP AGG	\$2,000,0	30
	OTHER:	9/			1 1 1				\$	
A	AUTOMOBILELIABILITY	Y	Y CPP1086774 5/15/2024 5/15/2025 COMBINED SINGLE LIMIT \$1,000,000							
	X ANY AUTO CWINED SCHEDULED				BODILY INJURY (Per person)	s				
						BODILY INJURY (Per accident)) S			
	X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY	1		(- 1			PROPERTY DAMAGE (Per accident)	\$	
	AUTOS CITET	1			-				s	
AB	X UMBRELLALIAB X OCCUR	Y	Y	UMB1014555	$\overline{}$	5/15/2024	5/15/2025	EACH OCCURRENCE	s 5.000.00	10
В	EXCESS LIAB CLAIMS-MAD	327130 5/15/2024 5/15/2025								
	DED X RETENTIONS 10 000	1			(1)x		ccurrence/Aggregate	\$ 5M / \$5M		
С	WORKERS COMPENSATION	i	Y	3C WCP 100022184 03		5/15/2024	5/15/2025	X PER OTH-		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A				1		E.L. EACH ACCIDENT	s 1,000,000	
	OFFICERMEMBEREXCLUDED? (Mandatory in NH)	N/A	1						s 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	Pollution Liability	1		FGI 0009814		5/15/2024	5/15/2025	Limit	\$1,000,0	100

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space in required)
Additional insured on a primary and non-contributory basis with respect to the general liability, and using the property of the state of the state of the written contract. Waivers of subcription apply to the general liability, workers compensation, and liability, and unshrella policies in favor of the stated additional insureds only when required by written contract. Unshrella follows form. The coverage and timits conform to the minimums required by Article 107.27 of the Standard Specifications for Road & Bridge Construction, Broadened Contractual Liability, XCU Coverage included.

ed marks of ACORD

RE: Specialty Tree Trimming

ı	Additional	insurea:	Lake County	Roard of	Commissioners

CERTIFICATE HOLDER	CANCELLATION
Lake County Plan Commission	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2293 N. Main Street Crown Point IN 46307	AUTHORIZED REPRESENTATIVE TO AUTHORIZED REPRESENTATIVE
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ACOR

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY

RECORDED AS PRESENTED

2024-020316

11:55 AM 2024 Aug 1