

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/12/2024

**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>Meyers Glaros Group, LLC<br>8605 Broadway<br>Merrillville IN 46410 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Tara Goble</td> </tr> <tr> <td><b>PHONE (A/C, No. Ext):</b> 219-865-6447</td> <td><b>FAX (A/C, No.):</b> 219-865-6443</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> tara.goble@meyersglaros.com</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A:</b> Grange Insurance Companies</td> <td style="text-align: right;"><b>NAIC #</b><br/>14080</td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | <b>CONTACT NAME:</b> Tara Goble |  | <b>PHONE (A/C, No. Ext):</b> 219-865-6447 | <b>FAX (A/C, No.):</b> 219-865-6443 | <b>E-MAIL ADDRESS:</b> tara.goble@meyersglaros.com |  | <b>INSURER(S) AFFORDING COVERAGE</b> |  | <b>INSURER A:</b> Grange Insurance Companies | <b>NAIC #</b><br>14080 | <b>INSURER B:</b> |  | <b>INSURER D:</b> |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| <b>CONTACT NAME:</b> Tara Goble   |   |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |
| <b>PHONE (A/C, No. Ext):</b> 219-865-6447   | <b>FAX (A/C, No.):</b> 219-865-6443   |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |
| <b>E-MAIL ADDRESS:</b> tara.goble@meyersglaros.com                                    |   |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER A:</b> Grange Insurance Companies  | <b>NAIC #</b><br>14080  |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER B:</b>   |   |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER D:</b>   |   |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER E:</b>   |   |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER F:</b>   |   |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |
| <b>INSURED</b><br>NWI Home Improvement, LLC<br>598 W. 650 S<br>Hebron IN 46341        | NWIHOME-01  |                                 |  |   |                                     |  |  |                                      |  |  |                        |                   |  |                   |  |                   |  |                   |  |

**COVERAGES** **CERTIFICATE NUMBER:** 942954356 **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 REVISED BY PAID CLAIMS.**

| INSTR | LTR | TYPE OF INSURANCE   | TAXES/ISSUE   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|-------|-----|---|---|---------------|-------------------------|-------------------------|---|
|       | A   | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER |   | CT 2829449    | 3/1/2024                | 3/1/2025                | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$<br>COMBINED SINGLE LIMIT \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$ |
|       |     | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> AUTOS ONLY   |   |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|       |     | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |   |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|       | A   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A | WCP2828945    | 3/1/2024                | 3/1/2025                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$500,000<br>E.L. DISEASE - EA EMPLOYEE \$500,000<br>E.L. DISEASE - POLICY LIMIT \$500,000   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Tom Metzger is Excluded From Work Comp Coverage.  
 General Contractor

**GINA PIMENTEL  
RECORDER**

2024-020319

**STATE OF INDIANA  
LAKE COUNTY**

12:01 PM 2024 Aug 1

**RECORDED AS PRESENTED**

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>Lake County Planning Commission<br>2293 North Main Street<br>Crown Point IN 46307 | <b>CANCELLATION</b><br><br>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> |
|--|--|