

# NOT AN OFFICIAL DOCUMENT

## 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 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** Lockton Companies, LLC  
 1185 Avenue of the Americas, Suite 2010  
 New York NY 10036  
 646-572-7300

**CONTACT NAME:** \_\_\_\_\_  
**PHONE (A/C, No, Ext):** \_\_\_\_\_ **FAX (A/C, No):** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_  
**INSURER(S) AFFORDING COVERAGE:** \_\_\_\_\_ **NAIC #** \_\_\_\_\_

**INSURED** 1532802 Legacy Service Partners, LLC  
 DBA Illiana Heating & Air Conditioning, Inc  
 2701 North Rocky Point Drive  
 Tampa FL 33607

**INSURER A:** Safety National Casualty Corporation  
**INSURER B:** --- SEE ATTACHMENT ---  
**INSURER C:** \_\_\_\_\_  
**INSURER D:** \_\_\_\_\_  
**INSURER E:** \_\_\_\_\_  
**INSURER F:** \_\_\_\_\_

**COVERAGES** **CERTIFICATE NUMBER:** 19989655 **REVISION NUMBER:** XXXXXXXX

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.

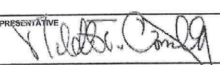
INSTR	LTR	TYPE OF INSURANCE	ADJ. SURV.	INSD.	WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	X	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRC-JECT <input checked="" type="checkbox"/> LOC OTHER: _____	N	N		GL 6675640	10/16/2024	10/16/2025	EACH OCCURRENCE \$ \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$2,000,000 MED EXP (Any one person) \$ \$10,000 PERSONAL & ADV INJURY \$ \$2,000,000 GENERAL AGGREGATE \$ \$4,000,000 PRODUCTS - COMP/OP AGG \$ \$4,000,000 \$ _____
A	X	<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>	N	N		CA 6676639	10/16/2024	10/16/2025	COMBINED SINGLE LIMIT (Ea accident) \$ \$2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX Coll/Comp Ded. \$ \$500,000
B	X	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED. _____ RETENTION \$ _____	N	N		See Attached	10/16/2024	10/16/2025	EACH OCCURRENCE \$ See Below AGGREGATE \$ See Below PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ XXXXXXXX
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N	N/A	LDC4068501	10/16/2024	10/16/2025	E.L. EACH ACCIDENT \$ \$2,000,000 E.L. DISEASE - EA EMPLOYEE \$ \$2,000,000 E.L. DISEASE - POLICY LIMIT \$ \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERMS REFERENCED.  
 RE: General Contractor and HVAC Contractor

**GINA PIMENTEL**  
**RECORDER**  
**STATE OF INDIANA**  
**LAKE COUNTY**  
**RECORDED AS PRESENTED**  
**2024-030184**  
**1:59 PM 2024 Oct 17**

**CERTIFICATE HOLDER**  
 19989655  
 Lake County Plan Commission  
 2293 N. Main  
 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.

AUTHORIZED REPRESENTATIVE  


Excess Liability

o Excess Liability -- \$3M x P

- o Policy #: ~~P-001-001419617-01~~
- o Policy Term: 10/16/2024 - 2025
- o Issuing Company: AXIS Surplus Lines Company
- o Limits
  - Each Occurrence: \$3,000,000
  - Aggregate: \$3,000,000

o Excess Liability -- \$5M x \$5M

- o Policy #: ~~NY24EXGZ0EBFPIC~~
- o Policy Term: 10/16/2024 - 2025
- o Issuing Company: Navigators Specialty Insurance Company
- o Limits
  - Each Occurrence: \$5,000,000
  - Aggregate: \$5,000,000

o Excess Liability -- \$5M x \$10M

- o Policy #: ~~EX-3X061686-24-NF~~
- o Policy Term: 10/16/2024 - 2025
- o Issuing Company: Travelers Excess and Surplus Lines Company
- o Limits
  - Each Occurrence: \$5,000,000
  - Aggregate: \$5,000,000

o Excess Liability -- \$10M x \$15M

- o Policy #: ~~ABC4647736-00~~
- o Policy Term: 10/16/2024 - 2025
- o Issuing Company: Steadfast Insurance Company
- o Limits
  - Each Occurrence: \$10,000,000
  - Aggregate: \$10,000,000

Rockwell County Recorder