

NOT AN OFFICIAL DOCUMENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/22/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY 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 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 Crowl Agency, Inc. 8244 Kennedy Avenue Highland IN 46322 INSURED Custom Concrete Foundations LLC 939 Sweet Cicely Dr Westville IN 46391	CONTACT NAME: Temple Harlow PHONE (A/C No. Ext): (219) 923-2131 FAX (A/C. No.): (219) 972-2229 E-MAIL ADDRESS: tch@crowlinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 40%;">NAIC #</th> </tr> <tr> <td>INSURER A: Acuity</td> <td>14184</td> </tr> <tr> <td>INSURER B: Liberty Mutual Insurance</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acuity	14184	INSURER B: Liberty Mutual Insurance		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 2024 to 2025 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF		POLICY EXP		LIMITS	
		IND	NOV		(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)	(MM/DD/YYYY)		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			285073	10/26/2024	10/26/2025	EACH OCCURRENCE		\$	1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	100,000
							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
									\$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			285073	10/26/2024	10/26/2025	COMBINED SINGLE LIMIT (Ea accident)		\$	1,000,000
							BODILY INJURY (Per person)		\$	
							BODILY INJURY (Per accident)		\$	
							PROPERTY DAMAGE (Per accident)		\$	
							Medical payments		\$	5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			285073	10/26/2024	10/26/2025	EACH OCCURRENCE		\$	1,000,000
							AGGREGATE		\$	1,000,000
									\$	
							DED		\$	
							RETENTION \$		\$	
B	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below			WCS-395-80663-018	10/26/2024	10/26/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER			
							EL EACH ACCIDENT		\$	500,000
							EL DISEASE - EA EMPLOYEE		\$	500,000
							EL DISEASE - POLICY LIMIT		\$	500,000
A	Rented Equipment			285073	10/26/2024	10/26/2025				55,000

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

GINA PIMENTEL
RECORDER
2024-030510
 STATE OF INDIANA
 LAKE COUNTY
RECORDED AS PRESENTED
 9:51 AM 2024 Oct 23

CERTIFICATE HOLDER **CANCELLATION**

(219) 755-3712 Lake County Plan Commission 2293 N. Main Street 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 Temple Harlow/TEMPLE
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