## NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF LIABILITY INSURANCE

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		o to	 -		
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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFERMATIVELY OR REGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE FOL

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

MPORTANT: 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).

| Conference | Conf

PHONE (AC, No, Ext): (219) 865-8090

2342	2 Cline Ave				ADDRESS: jennifer@hoosierinsuranceagency.com						
Ste A						INSURER(S) AFFORDING COVERAGE					
						INSURER A: ERIE INS CO					
						INSURER B: ERIE INS EXCH					
CON	TROLLED COMFORT INC				INSURER C: FLAGSHIP CITY INS CO				35585		
3320	E 84TH PL STE C				INSURER D:						
					INSURER E:						
MER	RILLVILLE			IN 46410-6570	INSURER F:						
COV	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,											
EX	CLUSIONS AND CONDITIONS OF SUCH PO	DLICI	ES. LI	MITS SHOWN MAY HAVE BE	EEN REDU	ICED BY PAI	D CLAIMS.				
INSR LTR	TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER	0	MWDDYYYY)	(MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR	Y	Q	) ~			11/01/2025	PREMISES (En occurrence) \$	1,000,000		
								MED EXP (Any one person) 5	5,000		
Α			Y	Q61-0141449		11/01/2024		PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		ΙI	2	- 1			GENERAL AGGREGATE \$	4,000,000		
	POLICY X PRO-			.0/	1			PRODUCTS - COMP/OP AGG S	4,000,000		
	OTHER:			1				Professional Liability S	1,000,000		
	AUTOMOBILE LIABILITY			10				(Ea applicant) S	1,000,000		
	<b>★</b> ANY AUTO			<u> </u>	$\sim$ $^{-}$			BODILY INJURY (Per person) \$			
В	OWNED SCHEDULED AUTOS ONLY	Y	Y Q11-014053	Q11-0140535	- 1	11/01/2024	11/01/2025	BODILY INJURY (Per accident) \$			
-	X HIRED X AUTOS ONLY				-			PROPERTY DAMAGE S			
l	AUTOS CHET				Ob -	,	l	5			
-	X UMBRELLA LIAB X OCCUR		$\vdash$		17,		EACH OCCURRENCE \$	2,000,000			
В	EXCESS LIAB CLAIMS-MADE	Y	Y	Q35-0172317	T P	11/01/2024	11/01/2025	AGGREGATE \$			
-	DED RETENTIONS	111	1				s				
⊢	WORKERS COMPENSATION				-	1. 6		X STATUTE ER			
ı	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				- 1			E.L. EACH ACCIDENT \$	500,000		
C OFFICERMEMBER EXCLUDED? (Mandatory In NH) I yes, describe under DESCRIPTION OF OPERATIONS below		N/A 3	Y	Q95-5101689	11/01	11/01/2024	11/01/2025	E.L. DISEASE - EA EMPLOYEE S	500,000		
							10	E.L. DISEASE - POLICY LIMIT \$	500,000		
$\vdash$	DESCRIPTION OF OPERATIONS DELLA		-				-	CRIM			
Ι.	Crime			O61-0141449	- 1	11/01/2024	11/01/2025	CLIAB	10,000 / 50,000		
		1	1	Qui attituti				PAYPL			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	D 101, Additional Remarks Scho	dule, may b	a attached If m	ore space is req	uired)			
	AC Contractor										
l n	AC Conductor			_				· (Q).			
H	VAC Contractor			G	RECO	MENTEL	2	024-034077			
l				1			_	024 00 1011			
1						INDIANA		29 AM 2024 Nov	27		
ı					LAKEC			28 AIVI ZUZT NOV			
RECORDED AS PRESENTED CERTIFICATE HOLDER CANCELLATION											
CER	ITIFICATE HOLDER	_			LANGE	LLATION					
						LD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CAN	CELLED BEFORE		
i						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Lake County Plan Commission						ACCORDANCE WITH THE POLICY PROVISIONS.					
2293 N. Main St.					AUTHORIZED REPRESENTATIVE						
2275 P. Main St.									1,100		
l	Crown Point, IN 46307				Jennifer Podgorny				~ ~		
									NII alabaa aaaaaaa		
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Hoosier Insurance Agency