## AN OFFICIAL DOCUMENT

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 POLI

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.

IN SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
PRODUCER  Lump Insurance Agency, Inc 112 Mill St Lowell					PHONE			Curry 96-8989		FAX	(219)6	96-1841		
					IN	46356-	E-MAIL ADDRESS: kcurry@lumpinsurance.com							
1		LOWGII					INSURER(S) AFFORDING COVERAGE						NAIC #	
L							INSURE	RA:CNA	Sure	ty				20443
INSU	INSURED						INSURE	RB:India	na Fa	armers Mutu	al			22624
Huseman & Son Excavating Llc						INSURE	RC:							
1		112 Mill St				INSURER D:								
1		Lowell			IN	46356	INSURE	ERE:						
Ш		(),					INSURE	RF:						
CO	COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:						
IN	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MAKED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INCIDENT OF THE POLICY PERIOD 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 SHOWM MAY HAVE BEEN REDUCED BY PAID CLAIMS.													
INSR		TYPE OF INSURANCE	ADDI	SUBR		POLICY NUMBER		POLICY E	FF.	POLICY EXP		LIMIT	18	
В	X con	MMERCIAL GENERAL LIABILITY		1	CPP1	004368		12/10/202	24 1	2/10/2025	EACH OCCURRENC		\$	1,000,000
ı		CLAIMS-MADE X OCCUR			1						PREMISES (Fa coo	ED (menoe)	s	
				1	r .			l			MED EXP (Any one	person)	s	5,000
				1				ĺ			PERSONAL & ADV	NJURY	s	1,000,000
ı	GEN'L AG	N'L AGGREGATE LIMIT APPLIES PER:			.0/						GENERAL AGGREC	SATE	s	2,000,000
ı	POL	JCY PRO- LOC				T					PRODUCTS - COM	P/OP AGG	s	2,000,000
				1	1	4.6		1	- 1					

OTHER AUTOMORILE LIABILITY CAP1004112 12/10/2025 1.000.000 12/10/2024 ANY AUTO BODII Y IN II IRY (Per nerson) \$ OWNED AUTOS ONLY HIRED X SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE s AUTOS ONLY s UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION S DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WCP1002652 12/10/2024 12/10/2025 X PER STATUTE 500.000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 500.000 E.L. DISEASE - EA EMPLOYEE 500,000 yes, describe under ESCRIPTION OF OPERATIONS to E.L. DISEASE - POLICY LIMIT : Lake County Bond 41439402 01/01/2024 01/01/2026 \$5,000

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

GINA PIMENTEL RECORDER

2024-035506

STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

11:44 AM 2024 Dec 18

CERTIFICATE HOLDER		CANCELLATION	AI 0004
Lake County Plan Commission 2293 N Main St		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED. THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIV ACCORDANCE WITH THE POLICY PROVISIONS.	
Crown Point	IN 46307-	AUTHORIZED REPRESENTATIVE VAILEY COURT	C.

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