



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/12/2024

NOT 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 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 American Trust Insurance Services 1315 119th Street	CONTACT NAME: Ralph Flores	FAX (A/C. No.):
	PHONE (A/C. No. Ext): (219) 381-6000	
Whiting IN 46394	E-MAIL ADDRESS: rflores@gmail.com	INSURER(S) AFFORDING COVERAGE
		NAIC #
INSURED SS Construction Management, LLC 7101 COLORADO ST	INSURER A : Evanston Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
MERRILLVILLE IN 46410	INSURER E :	
	INSURER F :	

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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	AUTO SUBR	RISQ	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY				3AA805995	07/21/2024	07/21/2025	EACH OCCURRENCE \$ 500,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
								MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG							GENERAL AGGREGATE \$ 1,000,000
	OTHER:							PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO							BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY							BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS							\$
	NON-OWNED AUTOS ONLY							\$
	UMBRELLA LIAB							EACH OCCURRENCE \$
	EXCESS LIAB							AGGREGATE \$
	DED							\$
	RETENTION \$							(PER STATUTE) (DIH-ER)
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN)	Y/N			N/A	Y		E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$

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

General Contractor

**GINA PIMENTEL
RECORDER**

2024-035538

STATE OF INDIANA
LAKE COUNTY

RECORDED AS PRESENTED

3:31 PM 2024 Dec 18

CERTIFICATE HOLDER **CANCELLATION**

LAKE COUNTY PLAN COMMISSION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2293 N MAIN STREET CROWN POINT, IN 46307 FAX: 219-755-3712	AUTHORIZED REPRESENTATIVE <i>Ralph Flores</i>