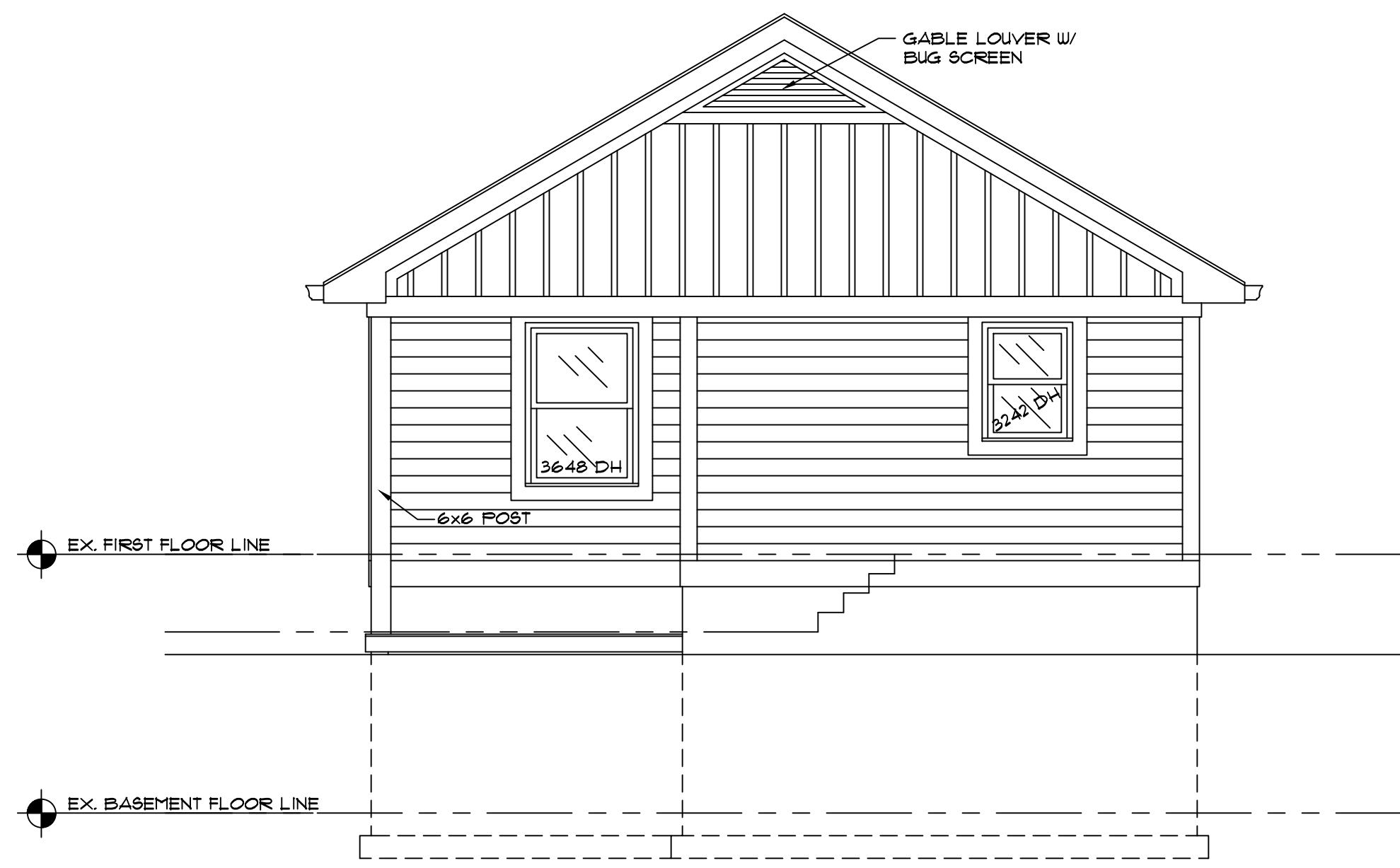
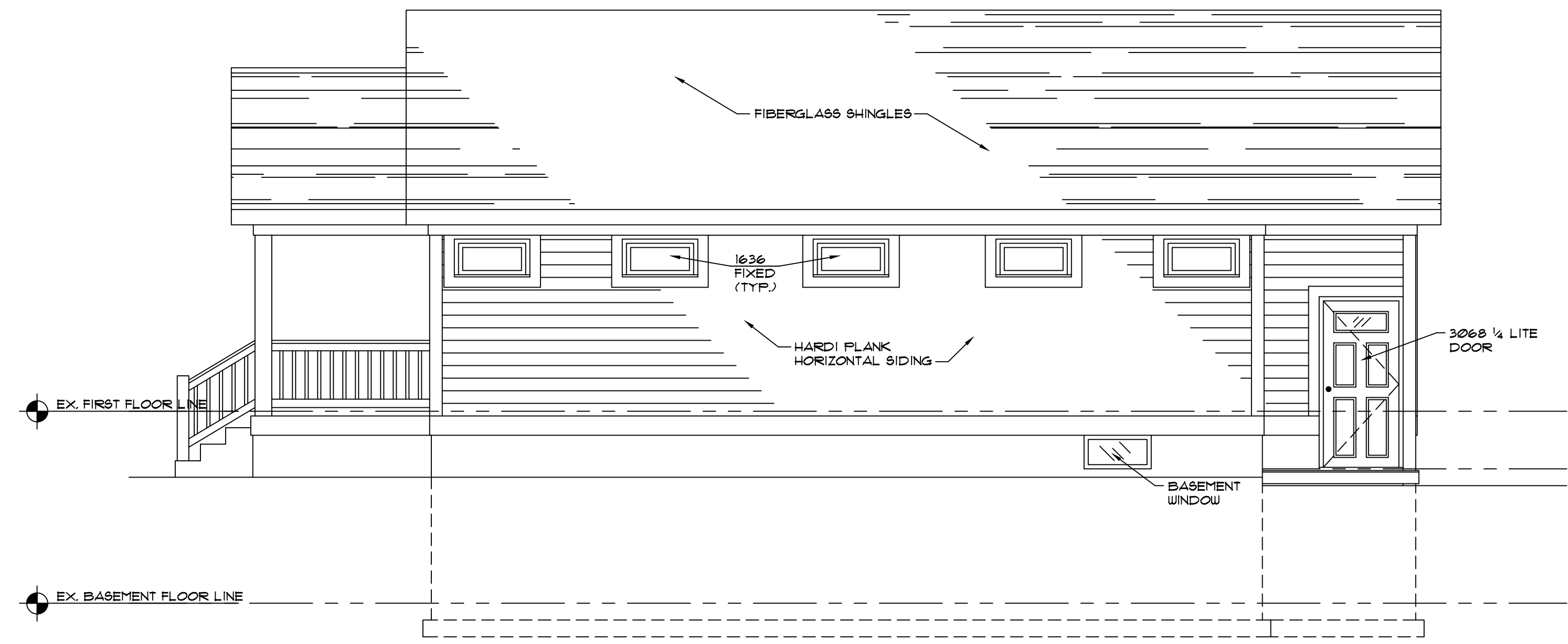


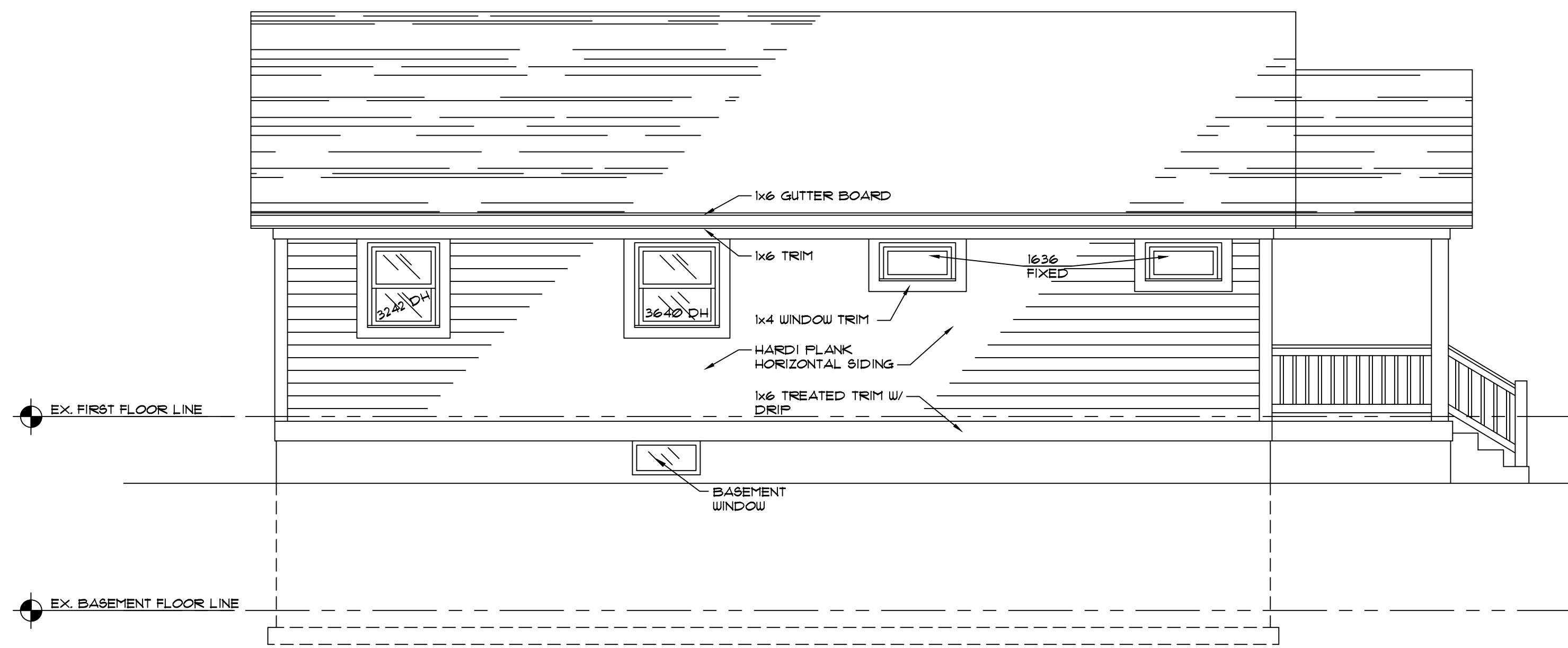
1
A-3 STAIR SECTION
SCALE: 1/2" = 1'-0"



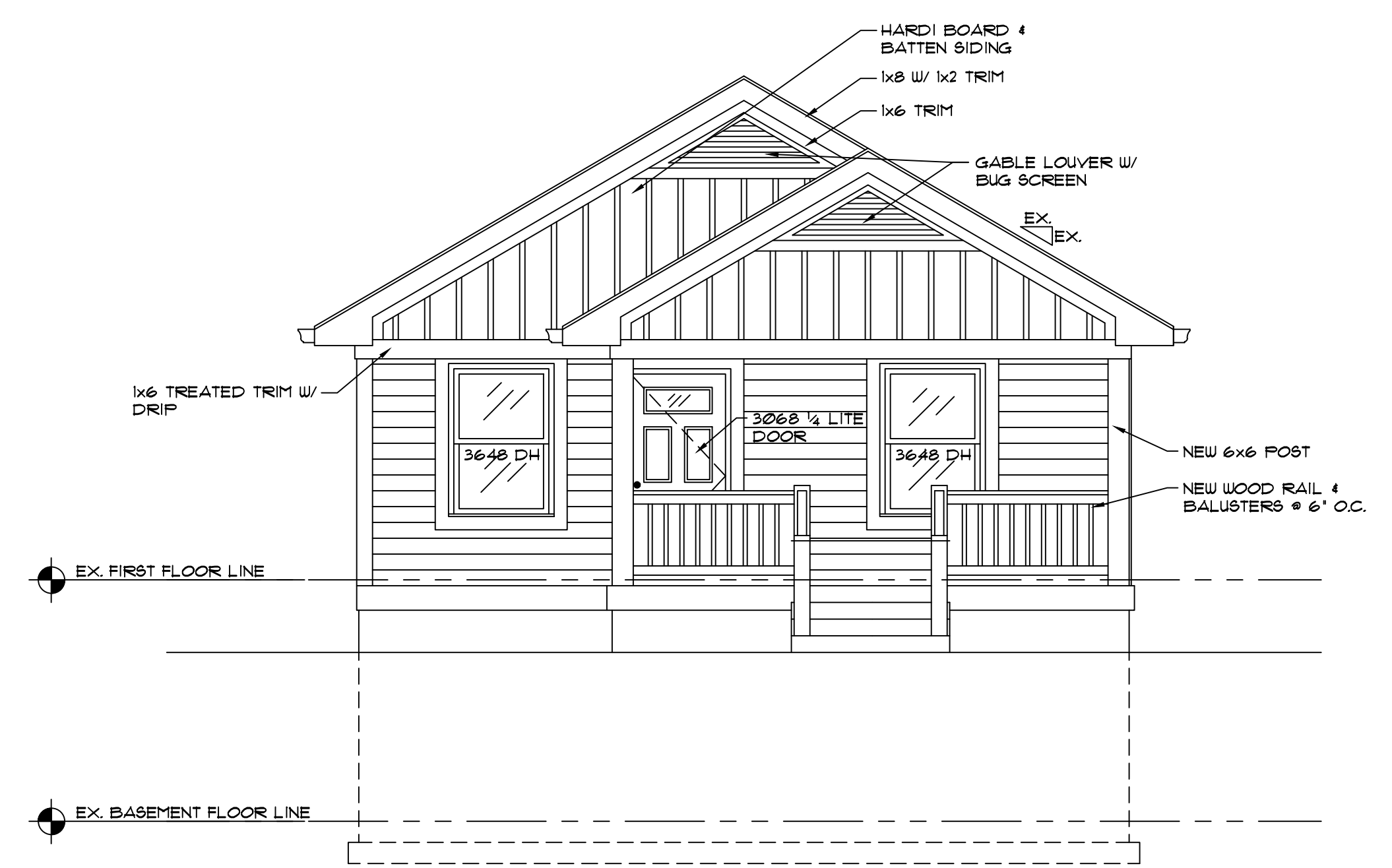
4 WEST ELEVATION
A-2 SCALE: 1/4" = 1'-0"



3 NORTH ELEVATION
A-2 SCALE: 1/4" = 1'-0"



2 SOUTH ELEVATION
A-2 SCALE: 1/4" = 1'-0"



1 EAST ELEVATION
A-2 SCALE: 1/4" = 1'-0"

MACK ARCHITECTS, P.C. COPYRIGHT © 2024

Mack Architects
Mack Architects, P.C.
5920 North Keystone Avenue
Indianapolis, Indiana 46220
Phone: (317) 251-2468 Fax: (317) 251-2469
E-mail: mackarchitects@sbcglobal.net

PROJECT NO:
5

ADDITIONS & ALTERATIONS TO:
318 KEALING STREET
INDIANAPOLIS, INDIANA 46201

ISSUE DATE:
MAY 15, 2024
REVISIONS:

CERTIFICATION

A-2
SHEET NO.

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|--|---|----------|---------------|-------------------------|-------------------------|--|---------------------------------|
| A | GENERAL LIABILITY | | | 4X76624 | 08/18/2024 | 08/18/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | \$ | |
| A | AUTOMOBILE LIABILITY | | | 4E76624 | 08/18/2024 | 08/18/2025 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (PER ACCIDENT) | \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | | \$ |
| | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | 4J76624 | 08/06/2024 | 08/18/2025 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE | \$ 1,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | | | \$ |
| | RETENTION \$ 10,000 | | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 4H76624 | 08/18/2024 | 08/18/2025 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS | <input type="checkbox"/> CTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y / <input type="checkbox"/> N | N / A | | | | E.L. EACH ACCIDENT | \$ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| A | Builders Risk | | | 4X76624 | 08/18/2024 | 08/18/2025 | Buildings | Per Schedul |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | | | | | | | | |

CERTIFICATE HOLDER

CANCELLATION

Indianapolis Neighborhood
Housing Partnership, INC
Jeff Howe
3550 Washington Blvd
Indianapolis, IN 46205

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
Protect All Insurance Agency

© 1988-2009 ACORD CORPORATION. All rights reserved.