Tim Burann Insurance

CERTIFICATE OF INSURANCE

United Farm Bureau Mutual Insurance Company

This is to sertify that the policies listed in this Cortilisate have been issued to the Named Insured by United Form Buress Method Insurence Company. This Egrifficate is issued as a metter of information only and confers no rights upon the cortilisate holder. This cartificate does not amend, extend or other the expenses afforded by

NAMED INSURED AND MAILING ADDRESS

CERTIFICATE ISSUED TO

POTTER, BRIAN E DBA POTTER CONSTRUCTION 746 W 900 S 46341 HEBRON IN

LAKE COUNTY PLANNING COMMISSION 2293 N MAIN ST 46307 CROWN POINT IN

COVERAGES

THIS IS TO CERTIFY THAT 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.

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands		
ENERAL LIABILITY Temmercial General Liability	65-3-1336588O This Doc the La	T ₈ O ₉ FF ument is t	ICLS I he proper y Recorde	General Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) [Med Expense (Any one person		
UTOMOBILE LIABILITY Any Auto All Owned Autos Owned Pyt Pass Autos Only Owned Other Than Pyt Pass Scheduled Autos Hired Autos Non-Owned Autos	S			CSL \$	064833	
MBRELLA LIABILITY		ROER'S	Bar.		Aggragate	
YORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	63-5-1339951	3-6-95 SEAL	11-6-95	\$ 500	Escipsocided Disage Policy Lines Disage-Esch Employe	
YHER		MOJAN NOJAN	in the state of th		25 PH I2: 5	

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRI

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO MAIL LIPON THE COMPANY, ITS AGENTS OR SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND

REPRESENTATIVES.

10-25-95 bk

Date

Authorized Representative

Only Agency Managers, Assistant Agency Managers and Authorized Home Office personnel may sign the Certificate on behalf of the Company.