



# CERTIFICATE OF INSURANCE

United Farm Bureau Mutual Insurance Company

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Bureau Mutual Insurance Company. This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverages afforded by the policies below.

### NAMED INSURED AND MAILING ADDRESS

RONALD FOUCH  
DBA BARBARON CONSTRUCTION  
10376 HANLEY  
CROWN POINT IN 46307

### CERTIFICATE ISSUED TO

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

### 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	
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners & Contractors Protect. <input type="checkbox"/> _____ <input type="checkbox"/> _____	65-5-1250255	1-30-96	4-30-96	General Aggregate \$ 1,000 Prod.-Comp/OPS Aggregate \$ 1,000 Personal-Advertising Injury \$ 500 Each Occurrence \$ 500 Fire Damage (Any one fire) \$ 50 Med Expense (Any one person) \$ _____	<b>96011943</b>
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Owned Pvt Pass Autos Only <input type="checkbox"/> Owned Other Than Pvt Pass <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____				CSL \$ _____	
<b>UMBRELLA LIABILITY</b>				Each Occurrence \$ _____	Aggregate \$ _____
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	63-9-1341674	1-30-96	4-30-96	Statutory - Indiana \$ 100 (Each Accident) \$ 500 (Disease Policy Limit) \$ 100 (Disease Each Employee)	<b>RECORDED FEB 23 PM 2:49 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD</b>
<b>OTHER</b>					

### DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS

### CANCELLATION

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 SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

2-23-96 bk  
Date

Authorized Representative

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

900  
SK  
CC