

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 convenience and does not confer any rights upon the certificate holder. This certificate does not amend, extend or alter the coverages afforded by the policies below.

96028489

96 MAY - 1 AM 10:12  
CERTIFICATE ISSUED TO

**NAMED INSURED AND MAILING ADDRESS**

STEVE KLJAJICH  
DBA SK CONSTRUCTION  
9025 PARK VALLEY COURT  
HOBART IN 46342

LAKE COUNTY PLANNING COMMISSION  
2293 NORTH MAIN STREET  
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"/>	65-6-1302072	5-1-96	5-1-97	General Aggregate	\$ 1,000
				Prod.-Comp/OPS Aggregate	\$ 1,000
				Personal-Advertising Injury	\$ excluded
				Each Occurrence	\$ 500
				Fire Damage (Any one fire)	\$ 50
				Med Expense (Any one person)	\$ 5
<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>	63-4-1420886			Statutory - Indiana	
				\$ 100	(Each Accident)
				\$ 500	(Disease Policy Limit)
				\$ 100	(Disease-Each Employee)
<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 30 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.

5-1-96 CMC

Date

Authorized Representative

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

*Handwritten initials/signature*