



# CERTIFICATE OF INSURANCE

United Farm Family Mutual Insurance Company

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Family 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

Robert C Hanzal  
DBA R C Hanzal Plumbing  
725 E Goldsborough Suite B  
Crown Point, In 46307

### CERTIFICATE ISSUED TO

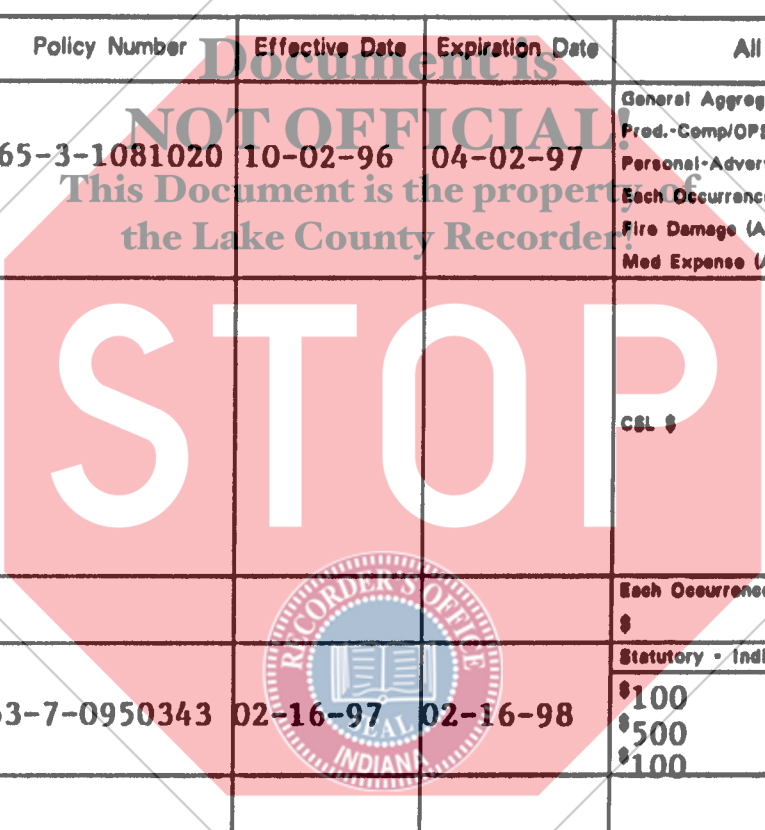
Lake County Planning Commission  
2293 North Main St  
Crown Point, In 46307

97007965

### 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"/>	65-3-1081020	10-02-96	04-02-97	General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)
<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>	63-7-0950343	02-16-97	02-16-98	Statutory - Indiana \$100 (Each Accident) \$500 (Disease Policy Limit) \$100 (Disease-Each Employee)
<b>OTHER</b>				



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER  
97007965  
97 FEB 11 10 42 AM '97  
NORTH W. CARTER  
RECORDER

### 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.

02-10-97 cm  
Date

*Steve Lankovich*  
Authorized Representative

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CS  
ep