



Certificate of Insurance

This certifies that

- State Farm Fire and Casualty Company, Bloomington, Illinois
- State Farm General Insurance Company, Bloomington, Illinois
- State Farm Fire and Casualty Company, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **KLEINE, KENNETH E DBA KLEINE HEATING & AIR CONDITIONING**

Address of policyholder **621 E GOLDSBORO ST CROWN POINT IN 46307-3315**

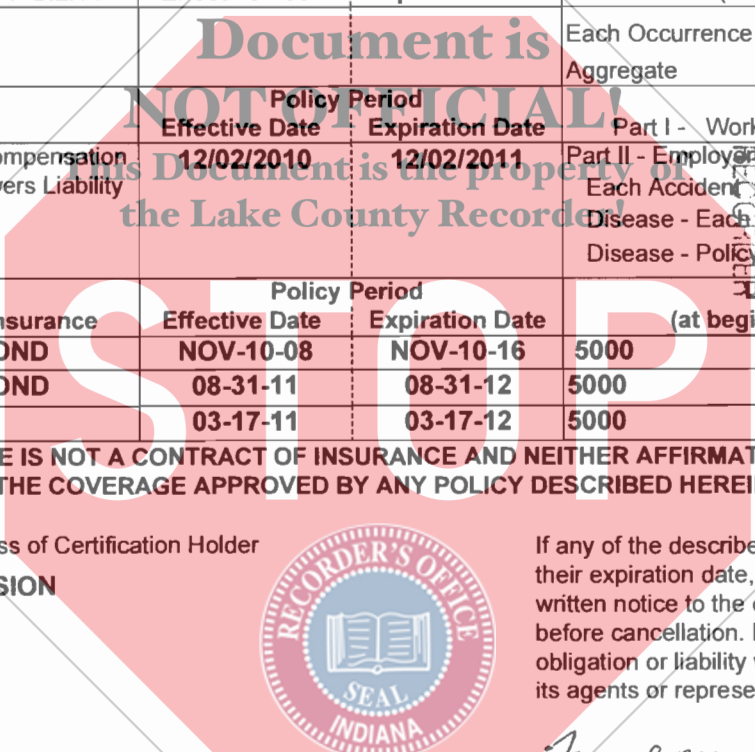
Location of operations **same**

Description of operations **HEATING AND AIR CONDITIONING**



The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period		Limits of Liability	
		Effective Date	Expiration Date	(at beginning of policy period)	
94-FD-8366-7 F	Comprehensive Business Liability	12/02/2010	12/02/2011	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:				Each Occurrence	\$ 1,000,000.00
<input checked="" type="checkbox"/> Products - Completed Operations				General Aggregate	\$ 2,000,000.00
<input checked="" type="checkbox"/> Contractual Liability				Product - Completed Operations Aggregate	\$ 2,000,000.00
<input checked="" type="checkbox"/> Personal Injury					
<input checked="" type="checkbox"/> Advertising Injury					
Policy Number	EXCESS LIABILITY	Policy Period		BODILY INJURY AND PROPERTY DAMAGE	
		Effective Date	Expiration Date	(Combined Single Limit)	
	<input type="checkbox"/> Umbrella			Each Occurrence	\$
	<input type="checkbox"/> Other			Aggregate	\$
Policy Number	Type of Insurance	Policy Period		Limits of Liability	
		Effective Date	Expiration Date	(at beginning of policy period)	
94-FD-8640-9 F	Workers' Compensation and Employers Liability	12/02/2010	12/02/2011	Part I - Workers Compensation - Statutory	
				Part II - Employers Liability	
				Each Accident	\$ 100,000.00
				Disease - Each Employee	\$ 100,000.00
				Disease - Policy Limit	\$ 500,000.00
Policy Number	Type of Insurance	Policy Period		Limits of Liability	
		Effective Date	Expiration Date	(at beginning of policy period)	
94-L7-4265-3 F	SURETY BOND	NOV-10-08	NOV-10-16	5000	
94-30-0295-7	SURETY BOND	08-31-11	08-31-12	5000	
94-BY-0331-0 F	SURETY	03-17-11	03-17-12	5000	



2011 SEP 19 PM 2:57
 MICHAEL J. ROSE
 CLERK
 LAKE COUNTY INDIANA
 FILED FOR RECORD

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

LAKE COUNTY PLAN COMMISSION



If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Fred M. Rosenwinkel
Signature of Authorized Representative

AGENT **07/01/11**

Title Date

FRED M. ROSENWINKEL **#12**

Agent Name **CS**

Telephone Number **(219) 662-1111** **CA**

FAXED 7/6/11

Current INS

Current bonds

Agent's Code Stamp

Agent Code **2743**

AFO Code **F580**

now CONF