

NAMED INSURED AND ADDRESS:

RCB MANAGEMENT INC C/O ROBERT BROWN
11536 STEVENSON CT
CROWN POINT, IN 46307

CERTIFICATE ISSUED TO:

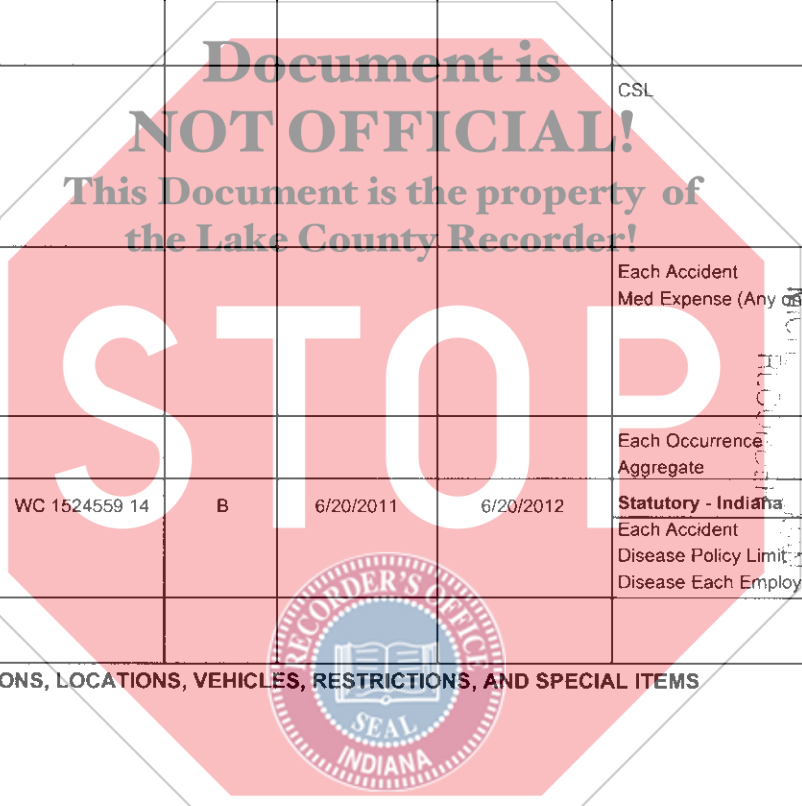
LAKE CO UNTY PLANNING COMMISSION
2293 N MAIN STREET
CROWN POINT IN 46307

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

- UFB CASUALTY INSURANCE COMPANY** **UNITED FARM FAMILY MUTUAL INSURANCE COMPANY**

The policies of insurance listed on this certificate 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 is subject to all terms, exclusions and conditions of such policies. Aggregate limits shown may have been reduced by paid claims. This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	All Limits in Thousands
COMMERCIAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/>	PCP 1523624 15	B	3/14/2011	3/14/2012	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) 5
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence <input type="checkbox"/>					Each Occurrence Med Expense (Any one person)
COMM. AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>					CSL
FARM AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>					Each Accident Med Expense (Any one person)
UMBRELLA LIABILITY					Each Occurrence Aggregate Statutory - Indiana
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 1524559 14	B	6/20/2011	6/20/2012	Each Accident \$ 100 Disease Policy Limit \$ 500 Disease Each Employee \$ 100
OTHER					\$



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

*GENERAL CONTRACTOR

If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Should any of the described policies be canceled before the expiration date, the issuing insurer will make an effort to notify the certificate holder named, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

09-22-11
Date

[Signature]

4539

Agent Code

06-996 12-06 09/22/2011

- Certificate Holder's Copy
 Home Office Copy
 Agency Copy
 Insured's Copy

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 12.00
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 NOU CONF