

### CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company  STATE OF INDIANA  
 American Family Mutual Insurance Company if selection box is not checked.  
 6000 American Pkwy Madison, Wisconsin 53785-0001 LAKE COUNTY  
 FILED FOR RECORD

Agent's Name, Address and Phone Number (Agt./Dist.)

Insured's Name and Address:

**Richard Michalowicz Agency (108/922)**  
 13159 West 143rd Street  
 Homer Glen, IL 60491  
 (708)301-9090

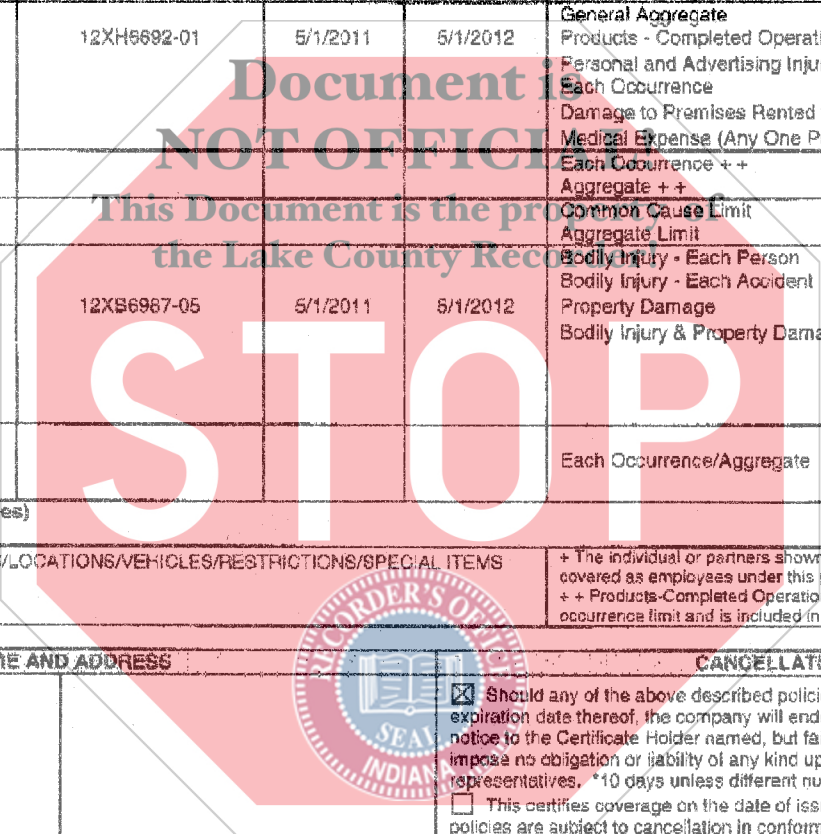
2011 052602

**Deady Roofing & Construction, Inc**  
 1275 Barbara Court  
 Crete, IL 60417

MICHELLE R. WAMAN  
 RECORDER

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 coverage afforded by the policies listed below.

TYPE OF INSURANCE	POLICY NUMBER	POLICY TYPE		LIMITS OF LIABILITY
		Effective (Mo, Day, Yr)	Expiration (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence
Farm/Ranch Liability				Farm & Personal Liability Each Occurrence Farm Employer's Liability Each Occurrence
Workers Compensation and Employers Liability +	12XS6987-92	5/1/2011	5/1/2012	Statutory ***** Each Accident \$ 500,000 Disease - Each Employee \$ 500,000 Disease - Policy Limit \$ 500,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence)	12XH5692-01	5/1/2011	5/1/2012	General Aggregate \$4,000,000 Products - Completed Operations Aggregate \$4,000,000 Personal and Advertising Injury Each Occurrence \$2,000,000 Damage to Premises Rented to You \$100,000 Medical Expense (Any One Person) \$5,000
Businessowners Liability				Each Occurrence + + Aggregate + +
Liquor Liability				Common Cause Limit Aggregate Limit
Automobile Liability <input type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Nonowned Autos	12XS6987-05	5/1/2011	5/1/2012	Bodily Injury - Each Person \$ 1,000,000 Bodily Injury - Each Accident \$ 1,000,000 Property Damage \$ 1,000,000 Bodily Injury & Property Damage Combined
Excess Liability <input type="checkbox"/> Commercial Blanket Excess				Each Occurrence/Aggregate
Other (Miscellaneous Coverages)				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS Roofing Contractor				+ The individual or partners shown as insured have elected to be covered as employees under this policy. + + Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.



CERTIFICATE HOLDER'S NAME AND ADDRESS	CANCELLATION		
Lake County 2293 N Main St Crown Point, IN 46307	<input checked="" type="checkbox"/> Should any of the above described policies be canceled before the expiration date thereof, the company will endeavor to mail * ( 30 days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.		
	<table style="width: 100%;"> <tr> <td style="width: 50%;">DATE ISSUED 9/19/2011</td> <td style="width: 50%;">AUTHORIZED REPRESENTATIVE </td> </tr> </table>	DATE ISSUED 9/19/2011	AUTHORIZED REPRESENTATIVE 
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