

NAMED INSURED AND ADDRESS:

BROOKBANK, WILLIAM DBA FAIRWAY ELECTRIC
14317 RISKIN RD
CEDAR LAKE, IN 46222

CERTIFICATE ISSUED TO:

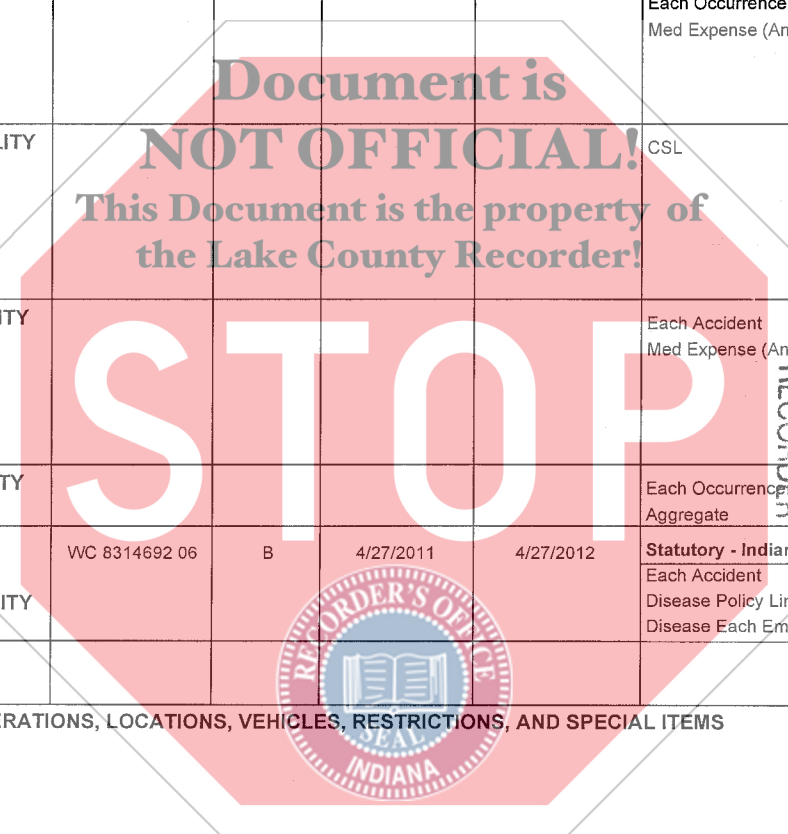
Lake County Building Department
2293 N Main Street
Crown Point, IN 46307

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"/> <input type="checkbox"/>	PCP 8409035 05	B	6/15/2011	6/15/2012	General Aggregate 2,000 Prod.-Comp/OPS Aggregate 2,000 Personal-Advertising Injury 1,000 Each Occurrence 1,000 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 \$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8314692 06	B	4/27/2011	4/27/2012	Statutory - Indiana Each Accident \$ 20 Disease Policy Limit \$ 500 Disease Each Employee \$ 100
OTHER					\$



2011 SEP 30 AM 10:53
 MICHAEL FAHMAN
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

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

Electrical 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.

9-30-11 Dave Rudzinski - Id 45A6
 Date Agent Code

06-996 12-06 09/30/2011 Certificate Holder's Copy Home Office Copy Agency Copy Insured's Copy

12.00
CS
4H
NON COMF