



**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 does not constitute a contract between the issuing insurer, agent or representative and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed.

**NAMED INSURED AND MAILING ADDRESS**

ASSOCIATED SEWER & PLUMBING SERVICE INC.  
 PO BOX 4141  
 HAMMOND, IN 46324

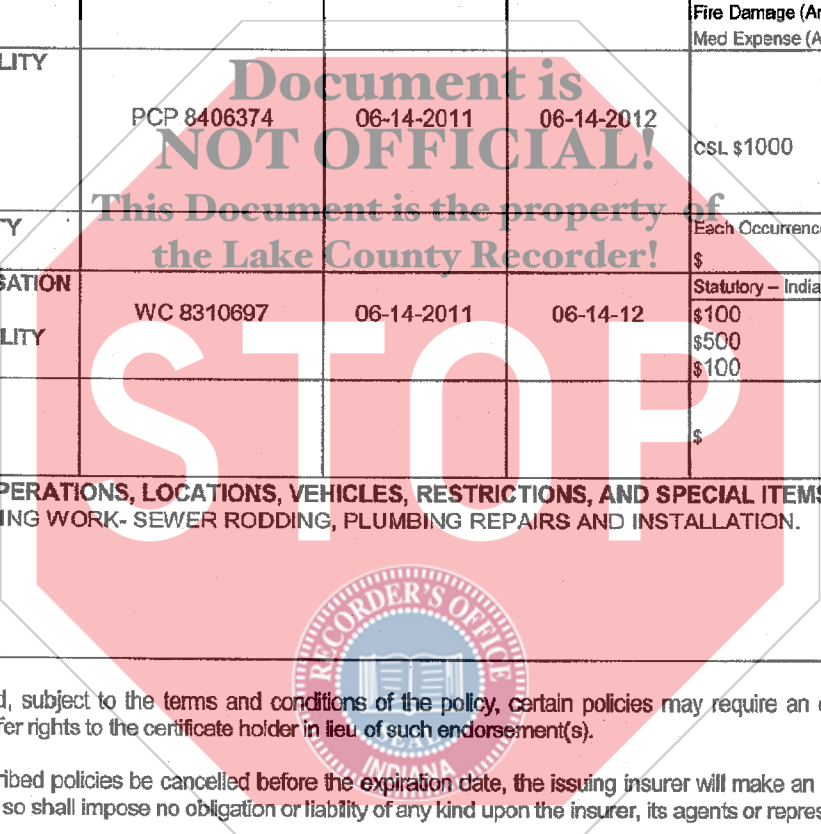
**CERTIFICATE ISSUED TO**

LAKE COUNTY PLAN COMMISSION  
 2293 N. MAIN ST.  
 CROWN POINT, IN 46307

2011 06 09 11 AM 9:26

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. If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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"/> _____ <input type="checkbox"/> _____	PCP 8406374	06-14-2011	06-14-2012	General Aggregate \$ 2000 Prod.-Comp/OPS Aggregate \$ 2000 Personal-Advertising Injury \$ 1000 Each Occurrence \$ 1000 Fire Damage (Any one fire) \$ 50 Med Expense (Any one person) \$ 5
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____	PCP 8406374	06-14-2011	06-14-2012	CSL \$1000
<b>UMBRELLA LIABILITY</b>				Each Occurrence \$ _____ Aggregate \$ _____
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC 8310697	06-14-2011	06-14-12	Statutory - Indiana \$100 (Each Accident) \$500 (Disease Policy Limit) \$100 (Disease-Each Employee)
<b>OTHER</b>				\$ _____



**DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS**  
 SEWER AND PLUMBING WORK- SEWER RODDING, PLUMBING REPAIRS AND INSTALLATION.

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 cancelled 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.

\_\_\_\_\_ 12-1-11 \_\_\_\_\_  
 Date Authorized representative Agent Code

*Bayleigh Anderson (AC)*

AMOUNT \$ \_\_\_\_\_  
 CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-COM \_\_\_\_\_  
 CLERK \_\_\_\_\_

06-897 1-03  
 008-897ac.dot

Certificate Holder's Copy  Home Office Copy  Agent's Copy  Insured's Copy