

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

BUCHANAN ENTERPRISES INC DBA BASS LAKE
 STORAGE
 PO BOX 11889
 MERRILLVILLE IN 46411-1889



CERTIFICATE ISSUED TO

LAKE CO PLANNING COMMISSION
 2293 N MAIN ST
 CROWN POINT IN 46307

2011 DEC 8 PM 3:33

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	
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> <input type="checkbox"/>	CPP 1426285 18	06-22-2011	06-22-2012	General Aggregate	1,000
				Prod.-Comp/OPS Aggregate	1,000
				Personal-Advertising Injury	500
				Each Occurrence	500
				Fire Damage (Any one fire)	100
				Med Expense (Any one person)	5
AUTOMOBILE LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>				CSL \$	
UMBRELLA LIABILITY				Each Occurrence \$	Aggregate \$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				Statutory - Indiana \$	(Each Accident)
				\$	(Disease Policy Limit)
				\$	(Disease-Each Employee)
OTHER				\$	



DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 SCOPE OF WORK 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 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.

12-8-2011
Date

Mark Handberg
Authorized Representative

4559 Agent Code
 # 3928
 OK

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NON
comf