

**NAMED INSURED AND ADDRESS:**

C&K CONSTRUCTION INC  
2250 ANNA ST  
SCHERERVILLE, IN 46375



**CERTIFICATE ISSUED TO:**

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

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

**A UFB CASUALTY INSURANCE COMPANY**

**B 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	
<b>COMMERCIAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/>	PCP 8415749 00	B	10/7/2011	10/7/2012	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
<b>FARM LIABILITY</b> <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence <input type="checkbox"/>					Each Occurrence	\$
					Med Expense (Any one person)	\$
<b>COMM. AUTO LIABILITY</b> <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>					CSL	\$
<b>FARM AUTO LIABILITY</b> <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)	\$
<b>UMBRELLA LIABILITY</b> <input type="checkbox"/>					Each Occurrence Aggregate	\$
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/>					Statutory - Indiana	\$
					Each Accident	\$
					Disease Policy Limit	\$
					Disease Each Employee	\$
<b>OTHER</b> <input type="checkbox"/>						\$



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FILED FOR RECORD

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS  
SCOPE OF WORK: GENERAL CONTRACTOR/HANDYMAN

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.

12-9-11  
Date

*William Stobbe*  
Agent

45L3  
Agent Code

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

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✓ #4196  
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