



CERTIFICATE OF INSURANCE

NAMED INSURED AND ADDRESS:

CUSTOM CONSTRUCTION, LLC
7809 E LINCOLN WAY
HOBART, IN 46342



CERTIFICATE ISSUED TO:

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

2011 073471

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
COMMERCIAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> <input type="checkbox"/>	CPP 8115683 09	B	1/9/2012	1/9/2013	General Aggregate \$1,000,000 Prod.-Comp/OPS Aggregate \$1,000,000 Personal-Advertising Injury \$1,000,000 Each Occurrence \$100,000 Fire Damage (Any one fire) \$100,000 Med Expense (Any one person) \$5
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence <input type="checkbox"/> <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"/> <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"/> <input type="checkbox"/>					Each Accident \$ Med Expense (Any one person) \$
UMBRELLA LIABILITY					Each Occurrence \$ Aggregate \$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					Statutory - Indiana Each Accident \$ Disease Policy Limit \$ Disease Each Employee \$
OTHER					\$



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2011 DEC 19 PM 1:48

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

GENERAL CONTRACTOR

#12
CS
CR
non
comp

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.

12-19-11
Date

Lou Wray
Agent Code

4539
Agent Code

06-996 12-06 12/19/2011 Certificate Holder's Copy Home Office Copy Agency Copy Insured's Copy