

**NAMED INSURED AND ADDRESS:**

SMITH & SONS EXCAVATING INC.  
3132 W SHOREWOOD DR  
LAPORTE, IN 46350

**CERTIFICATE ISSUED TO:**

LAKE COUNTY LICENSE DEPARTMENT  
LAKE COUNTY PLANNING & BUILDING COMM  
2293 N MAIN STREET  
CROWN POINT, IN 46307

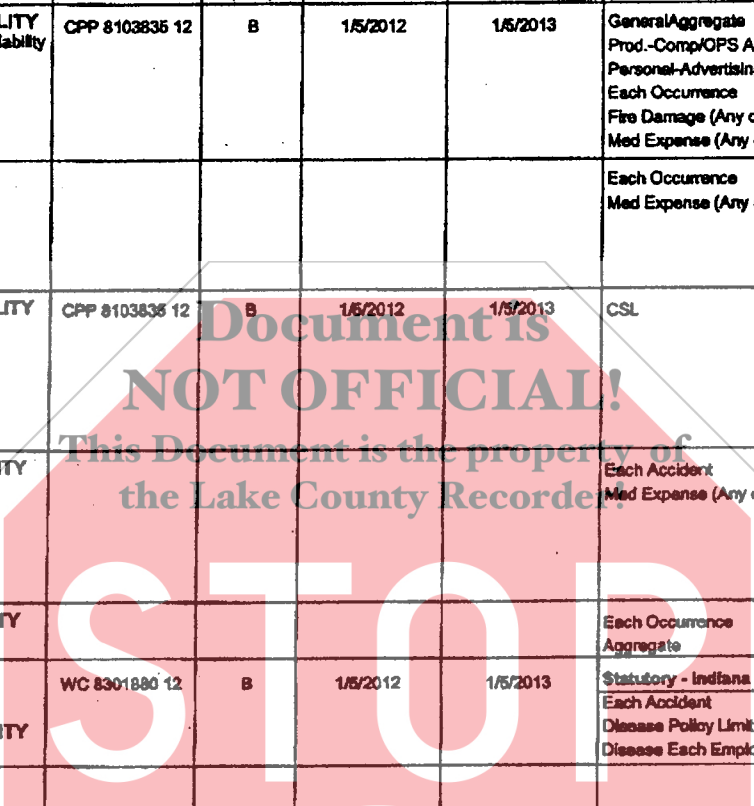
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This is to certify that the policies listed in this Certificate have been issued to the Named Insured by

- 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"/> <input type="checkbox"/>	CPP 8103835 12	B	1/5/2012	1/5/2013	General Aggregate \$ 2,000 Prod.-Comp/OPS Aggregate \$ 2,000 Personal-Advertising Injury \$ 1,000 Each Occurrence \$ 1,000 Fire Damage (Any one loss) \$ Med Expense (Any one person) \$
<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 checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/>	CPP 8103835 12	B	1/5/2012	1/5/2013	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>					Each Occurrence \$ Aggregate \$
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC 8301880 12	B	1/5/2012	1/5/2013	Statutory - Indiana Each Accident \$ 500 Disease Policy Limit \$ 500 Disease Each Employee \$ 500
<b>OTHER</b>					\$



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STATE OF INDIANA  
LAKE COUNTY  
RECORDER RECORDS

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

Specialty Excavating

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.

12/23/11  
Date

*[Handwritten Signature]*

48M2

Agent Code

06-098 12-06 12/23/2011

- Certificate Holder's Copy     Home Office Copy     Agency Copy     Insured's Copy

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CK# 2118  
CA  
NON  
CONF