

NAMED INSURED AND ADDRESS:

NOLAN, NICK DBA NICK EXTERIORS
7823 WALNUT AVE
HAMMOND, IN 46324-3237

CERTIFICATE ISSUED TO:

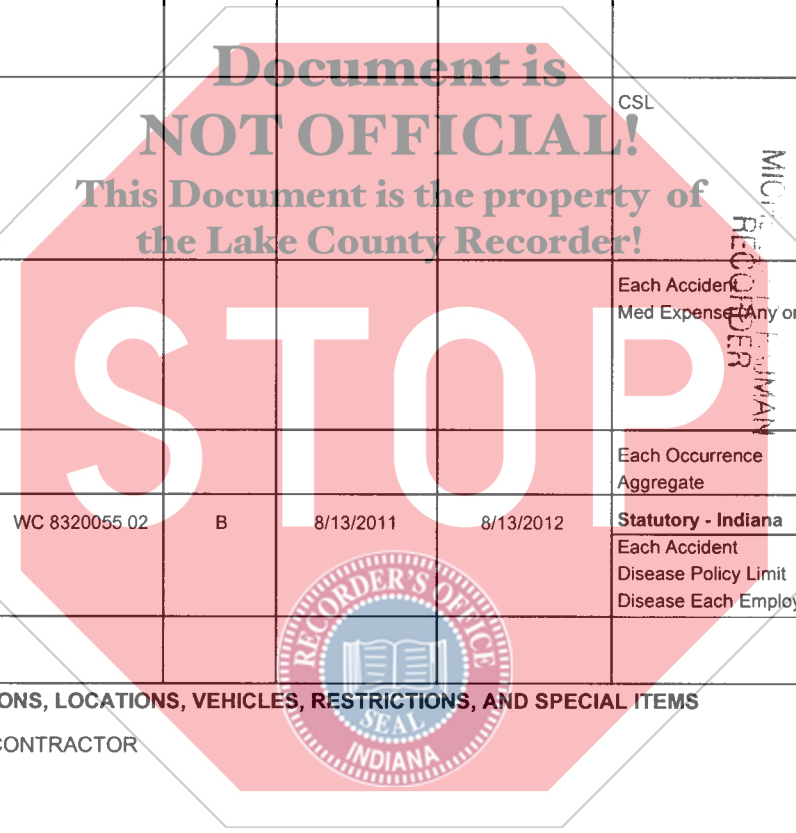
LAKE COUNTY PLAN COMMISSION
2293 N MAIN ST
CROWN POINT IN 46307

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

- UFB CASUALTY INSURANCE COMPANY** **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"/> | PCP 8413394 04 | B | 9/26/2011 | 9/26/2012 | 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 |
| FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence <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"/> | | | | | CSL \$ Med Expense (Any one person) \$ |
| FARM AUTO LIABILITY <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) \$ |
| UMBRELLA LIABILITY <input type="checkbox"/> | | | | | Each Occurrence \$ Aggregate \$ |
| WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY | WC 8320055 02 | B | 8/13/2011 | 8/13/2012 | Statutory - Indiana Each Accident \$ 100 Disease Policy Limit \$ 500 Disease Each Employee \$ 100 |
| OTHER | | | | | \$ |



2011 DEC 29 PM 2:22
 FILED FOR RECORD
 LAKE COUNTY
 STATE OF INDIANA
 MICHAEL J. HANCOCK
 RECORDER

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

SCOPE OF WORK: SIDING 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 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.

12-29-11
Date

Lori Wray CSR
Agent Code

49T3

- 06-996 12-06 12/29/2011 Certificate Holder's Copy Home Office Copy Agency Copy Insured's Copy

*12th Dec
run on
CS
LW*