

**NAMED INSURED AND ADDRESS:**

PETROVSKI PLUMBING LLC  
5103 W 77TH CT  
SCHERERVILLE, IN 46375-3315

**CERTIFICATE ISSUED TO:**

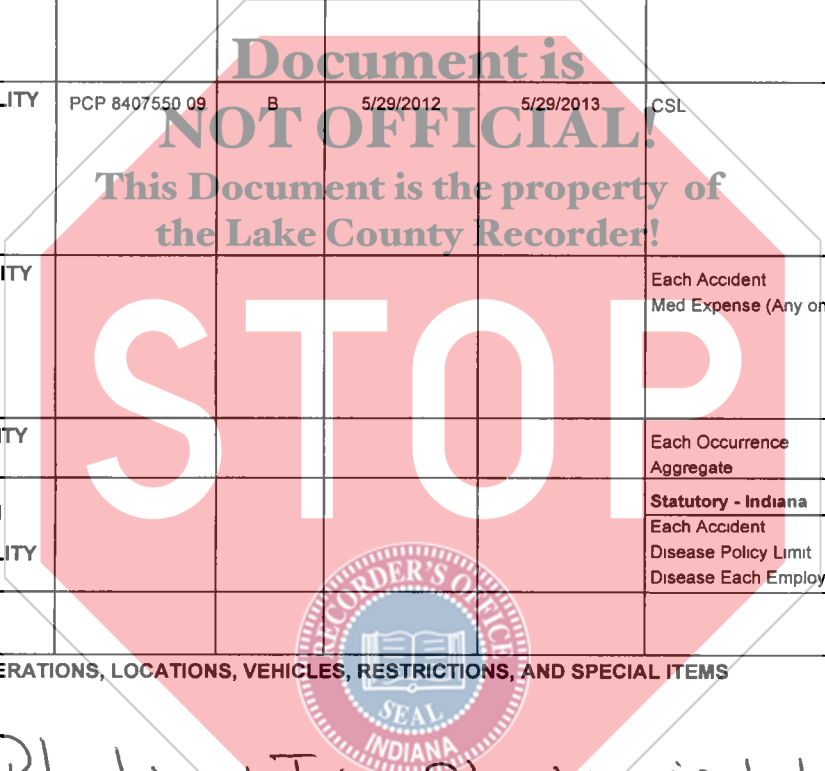
LAKE COUNTY PLAN COMMISSION  
PLANNING & BUILDING DEPARTMENT  
2293 NORTH MAIN ST  
CROWN POINT, IN 46307

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 8407550 09	B	5/29/2012	5/29/2013	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 checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>	PCP 8407550 09	B	5/29/2012	5/29/2013	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>					Statutory - Indiana	\$
					Each Accident	\$
					Disease Policy Limit	\$
					Disease Each Employee	\$
<b>OTHER</b>						\$



2012 JUN 27 6 17

2012 JUN 28 AM 9:50

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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

*Rough Plumbing + Trim Plumbing in Lake County*

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.

06/12/2012      Gary Fouts      219-322-5739  
Date      Agent      Phone

06-996 12-06    06/12/2012     Certificate Holder's Copy     Home Office Copy     Agency Copy     Insured's Copy

12:00  
CS  
YN

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