

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
07/20/12

**PRODUCER**  
FEDERATED MUTUAL INSURANCE COMPANY  
Home Office: P.O. Box 328  
Owatonna, MN 55060  
Phone: 1-888-333-4949

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

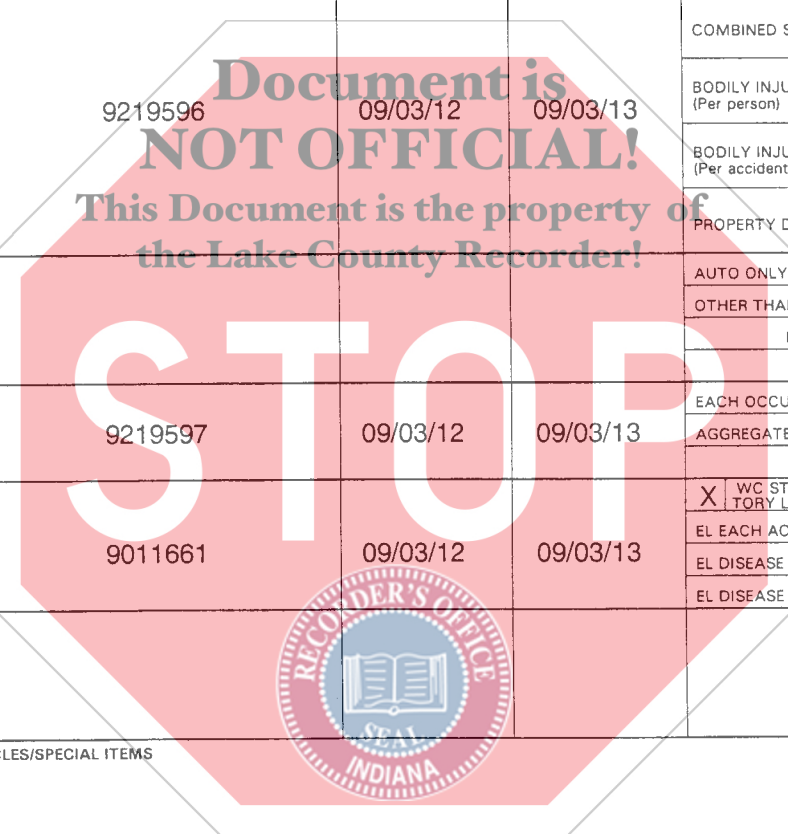
**INSURED** 216-952-2  
RHODES PLUMBING INC  
750 INDUSTRIAL BLVD  
CROWN POINT IN 46307

| COMPANIES AFFORDING COVERAGE |   |
|------------------------------|---|
| COMPANY A                    | FEDERATED MUTUAL INSURANCE COMPANY OR FEDERATED SERVICE INSURANCE COMPANY |
| COMPANY B                    |   |
| COMPANY C                    |   |
| COMPANY D                    |   |

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**COVERAGES**  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW 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 HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMIT  |
|--------|--|---------------|----------------------------------|-----------------------------------|--|
| A      | <b>GENERAL LIABILITY</b>   | 9405030       | 09/03/12                         | 09/03/13                          | GENERAL AGGREGATE \$ 2,000,000   |
|        | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                          |               |                                  |                                   | PRODUCTS - COM/PROP AGG \$ 2,000,000   |
|        | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |               |                                  |                                   | PERSONAL & ADJ INJURY \$ 1,000,000   |
|        | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT                           |               |                                  |                                   | EACH OCCURRENCE \$ 1,000,000   |
|        | <input checked="" type="checkbox"/> BUSINESSOWNER'S POLICY                     |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$ 1,000,000  |
| A      | <b>AUTOMOBILE LIABILITY</b>  | 9219596       | 09/03/12                         | 09/03/13                          | MED EXP (Any one person) \$ 1,000,000  |
|        | <input checked="" type="checkbox"/> ANY AUTO                                   |               |                                  |                                   | COMBINED SINGLE LIMIT \$ 1,000,000   |
|        | <input type="checkbox"/> ALL OWNED AUTOS                                       |               |                                  |                                   | BODILY INJURY (Per person) \$  |
|        | <input type="checkbox"/> SCHEDULED AUTOS                                       |               |                                  |                                   | BODILY INJURY (Per accident) \$  |
|        | <input checked="" type="checkbox"/> HIRED AUTOS                                |               |                                  |                                   | PROPERTY DAMAGE \$   |
| A      | <b>GARAGE LIABILITY</b>  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$   |
|        | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | OTHER THAN AUTO ONLY:  |
| A      | <b>EXCESS LIABILITY</b>  | 9219597       | 09/03/12                         | 09/03/13                          | EACH OCCURRENCE \$ 5,000,000   |
|        | <input checked="" type="checkbox"/> UMBRELLA FORM                              |               |                                  |                                   | AGGREGATE \$ 5,000,000   |
|        | <input type="checkbox"/> OTHER THAN UMBRELLA FORM                              |               |                                  |                                   |  |
| A      | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           | 9011661       | 09/03/12                         | 09/03/13                          | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|        | <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:       |               |                                  |                                   | EL EACH ACCIDENT \$ 500,000  |
|        | <input type="checkbox"/> INCL <input type="checkbox"/> EXCL                    |               |                                  |                                   | EL DISEASE - POLICY LIMIT \$ 500,000   |
|        |  |               |                                  |                                   | EL DISEASE - EA EMPLOYEE \$ 500,000  |



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**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
SCOPE OF WORK: PLUMBING

**CERTIFICATE HOLDER**  
2169522  
LAKE COUNTY PLANNING COMMISSION  
2293 NORTH MAIN STREET  
CROWN POINT IN 46307

**CANCELLATION**  
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE  
*Jeffrey S. ...*  
PRESIDENT