

CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Name of policyholder Brueck, Daniel, DBA Brueck Construction, LLC

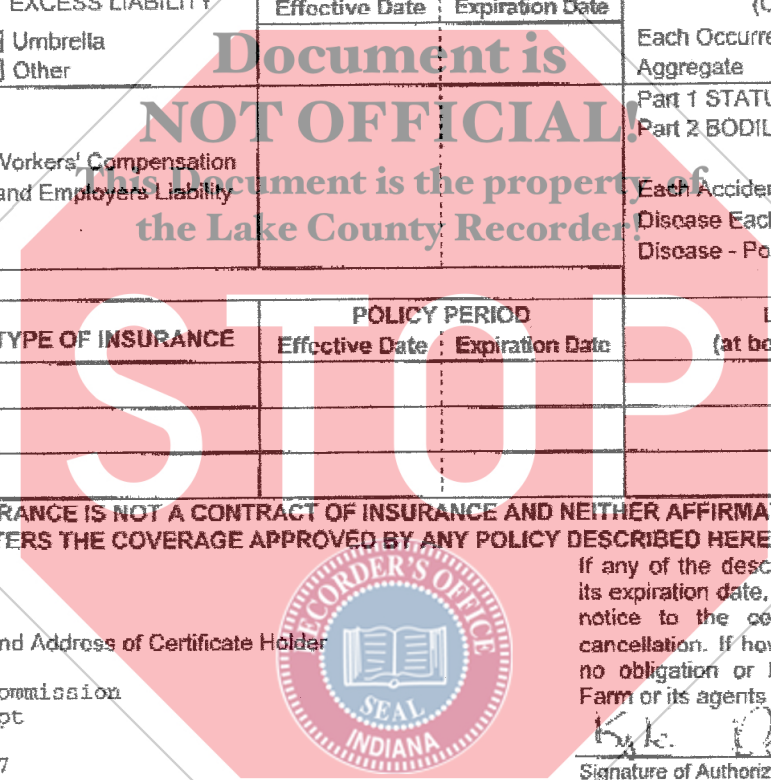
Address of policyholder 13524 Calumet Avenue, Cedar Lake, In 46303

Location of operations same as above

Description of operations Scope of work -- General Residential Contractor

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
94-EM-T477-3 This insurance includes:	Comprehensive Business Liability <input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage	05-04-2012	05-04-2013	BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ 200,000 200,000 General Aggregate \$ 1,000,000 1,000,000 Products - Completed Operations Aggregate \$ 1,000,000 920,000
	EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ 500,000 500,000 Aggregate \$ 1,000,000 1,000,000
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ 100,000 100,000 Disease Each Employee \$ 100,000 100,000 Disease - Policy Limit \$ 1,000,000 1,000,000
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	



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THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

Lake County Planning Commission
 Planning & Building Dept
 2293 North Main Street
 Crown Point, In 46307



If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Kyle Dempsie
 Signature of Authorized Representative
 agent
 Title
 Date 12/28/2012

Agent's Code Stamp

AFO Code

14-F586

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