

**NAMED INSURED AND ADDRESS:**  
 EBERLE CONTRACTING INC  
 7961 BIRCH DR  
 HAMMOND IN 46324-3357

**CERTIFICATE ISSUED TO:**  
 Lake County Plan Commission  
 2293 N. Main Street  
 Crown Point, IN 46307

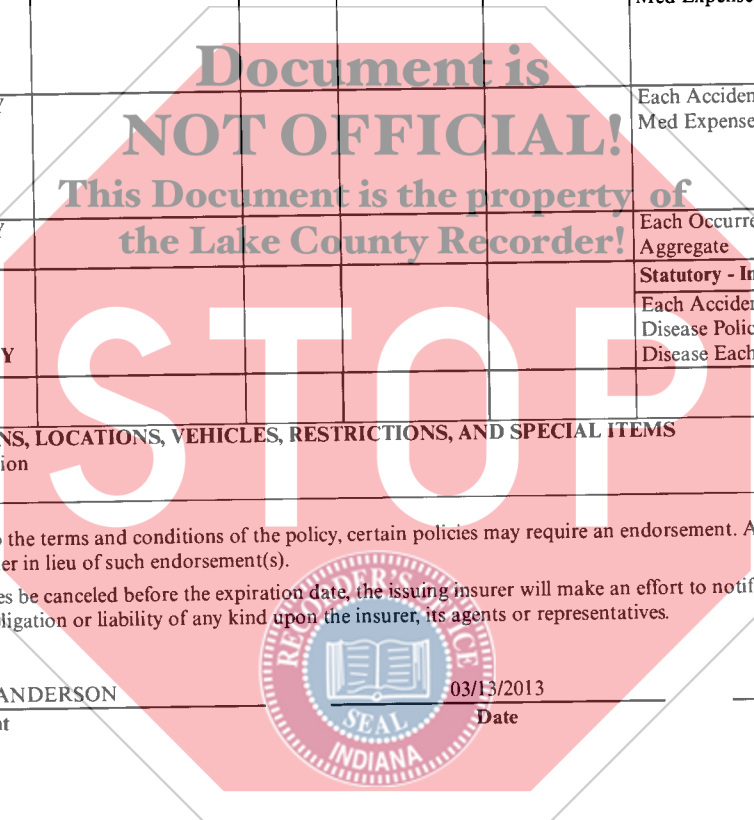
This is to certify that the policies listed in this Certificate have been issued to the Named Insured by

**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	Limits of Liability	
<b>COMMERCIAL LIABILITY</b> [ X ] Commercial General Liability [ X ] Occurrence	PCP8406043 13	B	03/24/2013	03/24/2014	General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)	\$1,000,000 \$1,000,000 \$500,000 \$500,000 \$50,000 \$5,000
<b>FARM LIABILITY</b> [ ] Equine [ ] Occurrence					Each Occurrence Med Expense (Any one person)	
<b>COMM. AUTO LIABILITY</b> [ X ] Scheduled Autos [ X ] Hired Autos [ X ] Non-Owned Autos	PCP8406043 13	B	03/24/2013	03/24/2014	Each Accident Med Expense	\$500,000 \$5,000
<b>FARM AUTO LIABILITY</b> [ ] Scheduled Autos [ ] Hired Autos [ ] Non-Owned Autos					Each Accident Med Expense	
<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>						



2013 MAR 15 02:00:52

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL J. REED  
RECORDER  
2013 MAR 15 PM 1:46

**DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS**  
 Scope of Work: General Construction

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.

AMBER (JOY) ANDERSON  
Agent

03/13/2013  
Date

219-924-0131  
Phone

12-cc  
3452  
noncomp  
PP