

NAMED INSURED AND ADDRESS:
 MITSCH FARM DRAINAGE INC
 C/O GERALD MITSCH
 4511 E 121 ST AVE
 CROWN POINT IN 46307-9712

CERTIFICATE ISSUED TO:
 LAKE CO PLANNING 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

- 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.

2013 02 27/13

2013 - 022764

Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	Limits of Liability	
COMMERCIAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence	CPP1227619 27	B	12/31/2012	12/31/2013	General Aggregate Prod.-Comp/OPS Aggregate	\$2,000,000
					Personal-Advertising Injury Each Occurrence	\$1,000,000 \$1,000,000
					Fire Damage (Any one fire) Med Expense (Any one person)	\$100,000 \$5,000
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence Med Expense (Any one person)	\$5,000 \$5,000
COMM. AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense	
FARM AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense	
UMBRELLA LIABILITY					Each Occurrence Aggregate	
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 1227620 27	B	12/31/2012	12/31/2013	Statutory - Indiana Each Accident	\$100,000
					Disease Policy Limit Disease Each Employee	\$500,000 \$100,000
OTHER						

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 SEPTIC AND DRAINAGE SYSTEMS

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.

MICHAEL K HANGER
 Agent

03/27/2013
 Date

219-690-1540
 Phone



2013 MAR 27 PM 12:18
 MICHAEL K HANGER
 LAKE COUNTY RECORDER

12.00
 CASH
 NON CONF
 PR