

A UFB CASUALTY INSURANCE COMPANY

## **CERTIFICATE OF INSURANCE**

NAMED INSURED AND ADDRESS: HUIZENGA STAIRS INC 2605 GARFIELD AVE UNIT C HIGHLAND IN 46322-1748 CERTIFICATE ISSUED TO: Lake County Plan Commission 2293 N. Main Street Crown Point. IN 46307

B UNITED FARM FAMILY MUTUAL INSURANCE COMPANY

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

Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	Limits of Liability	
COMMERCIAL LIABILITY  ( ) Commercial General Liability ( ) Occurrence  FARM LIABILITY	PCP8414192 03	В	04/22/2013	04/22/2014	General Aggregate ProdComp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person) Each Occurrence	\$2,000,000 \$2,000,000 \$1,000,000 \$1,000,000 \$50,000
Equine Coccurrence					Med Expense (Any one person)	2
COMM, AUTO LIABILITY  Scheduled Autos Hired Autos Non-Owned Autos	PCP8414192 03	В	04/22/2013	04/22/2014	Each Accident Med Expense	\$1,000,000
FARM AUTO LIABILITY  ] Scheduled Autos  ] Hired Autos  ] Non-Owned Autos	NO	Do T	OFF	nt 18	Each Accident Med Expense	3066
UMBRELLA LIABILITY	This Do	cum	ent is th	ie prop	Each Occurrence Aggregate	20
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8321008 03	Lake	C04/22/2013 y	04/22/2014	Statutory - Indiana Each Accident Disease Policy Limit Disease Each Employee	\$500,000 \$500,000 \$500,000
OTHER						
SCRIPTION OF OPERATIONS, Instruction and Carpentry specific to	LOCATIONS, VEHIC	LES, REST	RICTIONS, AN	D SPECIAL IT		ST/
subrogation is waived, subject to the	lieu of such endorseme	nt(s).			م ایک	<b>7</b>
ould any of the described policies be lure to do so shall impose no obligat	canceled before the exp ion or liability of any ki	iration date nd upon the	, the issuing insu e insurer, its agen	rer will make an its or representa	effort to notify the conficate hold tives.	
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