

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Family Mutual Insurance Company. This Certificate does not constitute a contract between the issuing insurer, agent or representative and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed.

NAMED INSURED AND MAILING ADDRESS

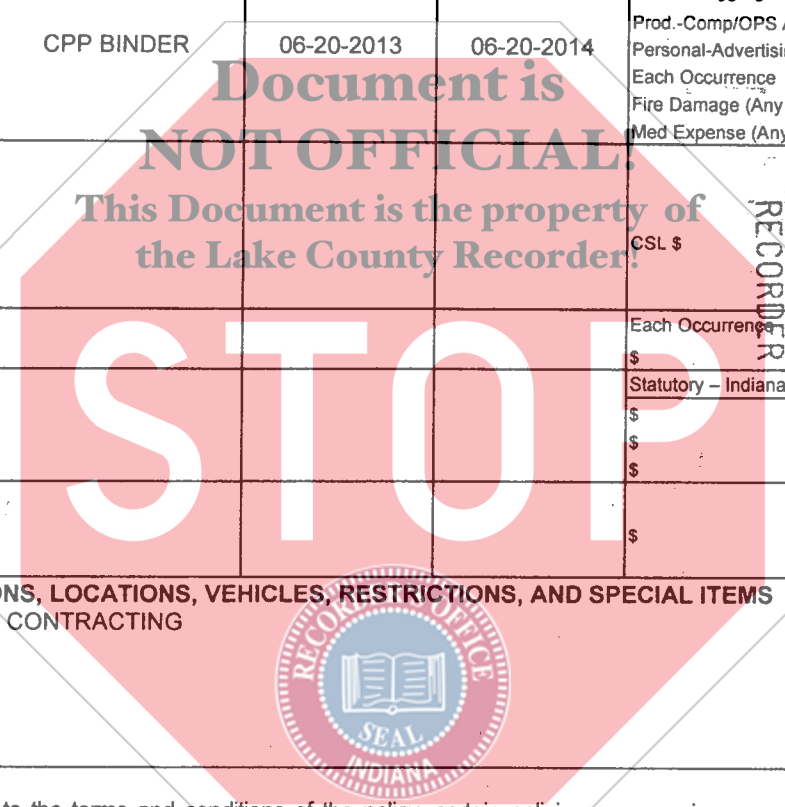
DOBROSLAV PERVAN
 8354 PATTERSON
 SAINT JOHN IN 46373

CERTIFICATE ISSUED TO

LAKE COUNTY PLANNING COMMISSION
 2293 N MAIN STREET
 CROWN POINT IN 46307

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. If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits Thousands	
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> <input type="checkbox"/>	CPP BINDER	06-20-2013	06-20-2014	General Aggregate	\$ 1000
				Prod.-Comp/OPS Aggregate	\$ 1000
				Personal-Advertising Injury	\$ 500
				Each Occurrence	\$ 500
				Fire Damage (Any one fire)	\$ 100
				Med Expense (Any one person)	\$ 5
AUTOMOBILE LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>				CSL \$	
UMBRELLA LIABILITY				Each Occurrence	\$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				Statutory - Indiana	\$
					\$ (Each Accident)
					\$ (Disease Policy Limit)
					\$ (Disease-Each Employee)
OTHER					\$



2013 JUL 11 PM 12:18
 MICHAEL B. BROWN
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORDING

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 SCOPE OF WORK: GENERAL CONTRACTING

*1200
 25
 CP
 YMM*

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 cancelled 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.

06-20-2013
 Date

Bill Wirtz
 Authorized Representative

45P9
 Agent Code