

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

BUCHER CONSTRUCTION LTD
 179 BUCKSKIN LANE
 VALPARAISO, IN 46385

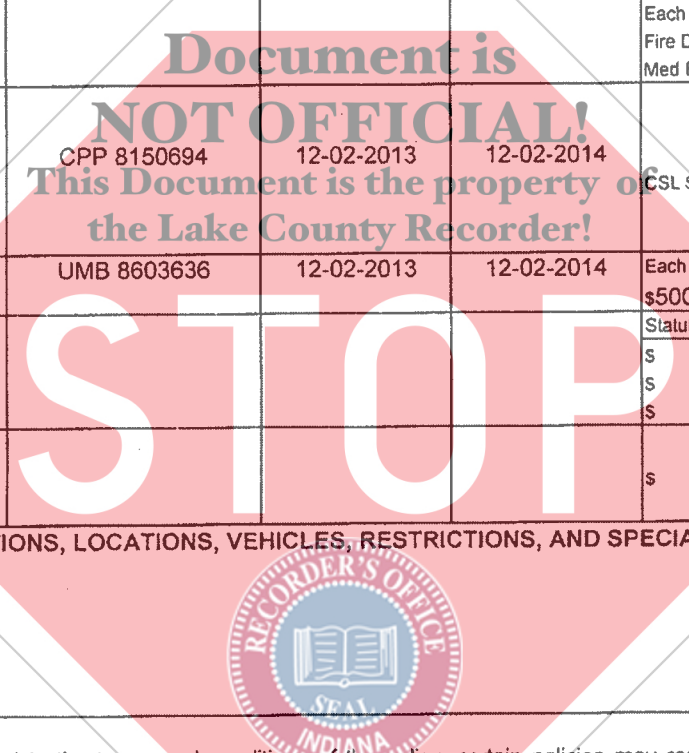
CERTIFICATE ISSUED TO

LAKE COUNTY PLAN COMMISSION
 2293 N MAIN STREET
 CROWN POINT, IN 46307

2013 090219

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 in Thousands
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> _____ <input type="checkbox"/> _____	CPP 8150694	12-02-2013	12-02-2014	General Aggregate 200 Prod.-Comp/Op Aggregate 200 Personal-Advertising Injury 100 Each Occurrence 100 Fire Damage (Any one fire) 10 Med Expense (Any one person)
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____	CPP 8150694	12-02-2013	12-02-2014	CSL \$1000
UMBRELLA LIABILITY	UMB 8603636	12-02-2013	12-02-2014	Each Occurrence \$5000 Aggregate \$5000
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				Statutory - Indiana S (Each Accident) S (Disease Policy Limit) S (Disease-Each Employee)
OTHER				S



DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 GENERAL CONTRACTOR

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.

12-09-2013 Date Jim Donnelly Authorized Representative 6486 Agent Code

12-00
 15813
 NON CCNF
 PPS