

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**

STASH CONSTRUCTION INC  
 2701 W. 45<sup>TH</sup> AVE.  
 GARY, IN 46406-3612

**CERTIFICATE ISSUED TO**

LAKE COUNTY PLANNING COMMISSION  
 2293 N. MAIN ST.  
 CROWN POINT, IN 46307

2013 0923155

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	
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> _____ <input type="checkbox"/> _____	CPP 8142573 02	01-31-2013	01-31-2014	General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)	2,000,000 2,000,000 1,000,000 1,000,000 100,000 5,000
<b>AUTOMOBILE LIABILITY</b> <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 8142573 02	01-31-2013	01-31-2014	CSL \$1,000,000	
<b>UMBRELLA LIABILITY</b>				Each Occurrence	Aggregate
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC 8321831 02	01-23-2013	01-23-2014	Statutory - Indiana \$500,000 \$500,000 \$500,000	(Each Accident) (Disease Policy Limit) (Disease-Each Employee)
<b>OTHER</b>				\$	



MICHAEL S. BROWN  
 RECORDER  
 2013 DEC 18 AM 10:54  
 FILED FOR RECORD

**DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS**  
 GENREL 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.

\_\_\_\_\_ 12-28-2012 \_\_\_\_\_  
 Date Date Authorized Representative Agent Code  
 \_\_\_\_\_ *Mark Hardesty* \_\_\_\_\_  
 \_\_\_\_\_ 45S9 \_\_\_\_\_  
 \_\_\_\_\_ Agent Code

12<sup>th</sup>  
 NUM COM  
 CS  
 RA