

**CERTIFICATE OF LIABILITY INSURANCE**

American Family Insurance Company   
 American Family Mutual Insurance Company if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
 ROGERS ROOFING  
 4540 WABASH  
 HAMMOND, IN 46327

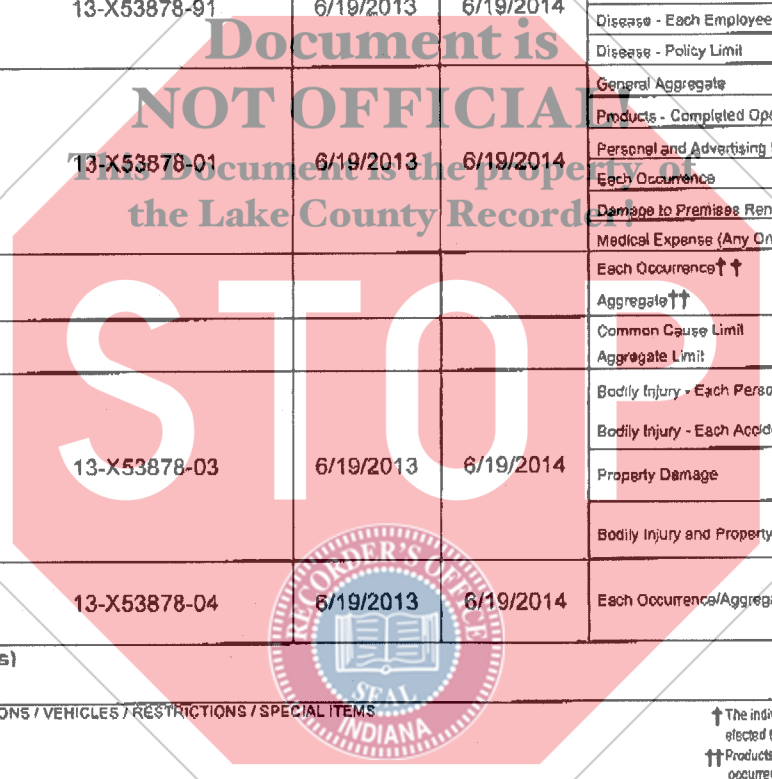
Agent's Name, Address and Phone Number (Agt./Dist.)  
 Dominic Spigolon (708) 418-1100  
 3224 Ridge Road, Suite 104  
 Lansing, IL 60438 (006/843)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.  
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES				
This is to certify that policies of insurance listed below 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 herein is subject to all the terms, exclusions, and conditions of such policies.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$ ,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$ ,000 Farm Employer's Liability Each Occurrence \$ ,000
Workers Compensation and Employers Liability †	13-X53878-01	6/19/2013	6/19/2014	Statutory ***** Each Accident \$ 500,000 Disease - Each Employee \$ 500,000 Disease - Policy Limit \$ 500,000
<input checked="" type="checkbox"/> General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/>	13-X53878-01	6/19/2013	6/19/2014	General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000 Personal and Advertising Injury Each Occurrence \$ 1,000,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 5,000
Businessowners Liability				Each Occurrence †† \$ ,000 Aggregate †† \$ ,000
Liquor Liability				Common Cause Limit \$ ,000 Aggregate Limit \$ ,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos	13-X53878-03	6/19/2013	6/19/2014	Bodily Injury - Each Person \$ 1,000,000 Bodily Injury - Each Accident \$ 1,000,000 Property Damage \$ 1,000,000 Bodily Injury and Property Damage Combined \$ 1,000,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input checked="" type="checkbox"/> Commercial Liability Umbrella	13-X53878-04	6/19/2013	6/19/2014	Each Occurrence/Aggregate \$ 1,000,000
Other (Miscellaneous Coverages)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS				† The individual or partners shown as insured <input type="checkbox"/> Have <input type="checkbox"/> Have not elected to be covered as employees under this policy. †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.
Roofing Contractor				

2014 000000

MICHAEL B. BROWN  
 RECORDED  
 2014 JAN - 3 AM 8:10  
 STATE OF INDIANA  
 FILED FOR RECORD



CERTIFICATE HOLDER'S NAME AND ADDRESS  
 Lake County Plan Commission  
 2293 N Main St  
 Crown Point, IN 46307

*12-1  
 CASH  
 D/W  
 NOT COM*

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail ( ) days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. \*10 days unless different number of days shown.

This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.

DATE ISSUED	AUTHORIZED REPRESENTATIVE
12/12/2013	Phil Cassler