

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/07/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

Certifica	ate noider in fied of such endors	ement(s).							
PRODUCER	R Lump Insurance Agency Inc				CONTACT NAME:				
	112 Mill Street			PHONE FAX (A/C, No, Ext): (A/C, No):					
PO Box 155 Lowell, IN 46356					E-MAIL ADDRESS:				
					INSURER(S) AFFORDING COVERAGE				
					INSURER A: INDIANA FARMERS MUTUAL INS CO				
INSURED Bernard Seramur & Roger Seramur d/b/a Seramur Plum				INSURER B: CNA Surety				CNASU	
122 Center St Lowell, IN 46356				INSURER C:					
			INSURER D:						
				INSURER E :					
/ '									
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:					
				DEEN ICCUE	D TO T			OV DEDIOD	
	TO CERTIFY THAT THE POLICIES ED. NOTWITHSTANDING ANY RE								
	CATE MAY BE ISSUED OR MAY F								
	IONS AND CONDITIONS OF SUCH I		MITS SHOWN MAY HAVE BE				F		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POL (MM/D	ICY EFF DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A GENE	RAL LIABILITY		CGL1001744	08/2	6/2013	08/26/2014	EACH OCCURRENCE \$	500 ,000	
COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000	
	CLAIMS-MADE OCCUR			İ			MED EXP (Any one person) \$	5,000	
		i i i					PERSONAL & ADV INJURY \$	500,000	
-				1			GENERAL AGGREGATE \$	1,000,000	
CENT	AGGREGATE LIMIT APPLIES PER:		Docur	moni	t ic		PRODUCTS - COMP/OP AGG \$.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
h	PPO.		Ducui	TIC III	r 12		\$		
	MOBILE LIABILITY	1	NOMOR		TT A		COMBINED SINGLE LIMIT		
			NOTOF		FICIA	L!			
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person) \$		
	AUTOS AUTOS NON-OWNED	Th	is Document	is the p	orop	erty of	BODILY INJURY (Per accident) \$		
t	HIRED AUTOS AUTOS		the Lake Cou	nty Re	COT	derl	PROPERTY DAMAGES (Per accident)		
			the Lake Cou	illy itt	COI	uci.	5 F 7's	S	
	JMBRELLA LIAB OCCUR						EACH OCCURRENCE	≥	
E	EXCESS LIAB CLAIMS-MADE						AGGREGATE SA		
	DED RETENTION \$							*7;	
	KERS COMPENSATION		WCP1002621	12/0	3/2012	12/03/2013	WG STATU- TORY LIMITS OTHER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							EL EACHACCIDENT TIS	100,000	
		N/A					E.L. DISEASE - EA EMPLOYEE - \$		
If yes,	describe under RIPTION OF OPERATIONS below						E.L. DISEASE POLICY LIMIT TS	100,000	
	County B ond		14466184	01/14	4/2013	01/14/2014	5000		
			ATT.	ШП					
DECORIDE	NO OF OPEN TONG ALCOHOLOGO	FO (400-1- 40)	ODD 404 A 44/Marri Da Arth Ch	RS		-1			
	ON OF OPERATIONS / LOCATIONS / VEHICL	ES (Attach AC	URU 101, Additional Remarks Sch	edule, il niore si	pace is req	uirea)			
Plumbing				TOTAL C			/.		
			~						
				ر الحد					
L. JEAL ST									
			MILLIAND.	JANA					
				minut					
CERTIFIC	CATE HOLDER			CANCELL	CANCELLATION				
	Fax #: (219) 755-3712								
	Laka Caustu Blas Cassasiasi			SHOULD	ANY OF	HE ABOVE DE	SCRIBED POLICIES BE CANCEL	LLED BEFORE	

Lake County Plan Commission 2293 N Main St Crown Point, IN 46307

an 5932

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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