## NDIANA FARM BBUREAU INSURANCE'

## **CERTIFICATE OF INSURANCE**

NAMED INSURED AND ADDRESS: B & D REGIONAL BUILDERS LLC % DEREK GLEASON & BRIAN PAUSE 5922 W 173RD AVE LOWELL IN 46356

A UFB CASUALTY INSURANCE COMPANY

CERTIFICATE ISSUED TO: LAKE COUNTY PLAN COMMISSION **2293 N MAIN ST** CROWN POINT, IN 46307

**B** UNITED FARM FAMILY MUTUAL INSURANCE COMPANY

This is to certify that the policies fisted in this Certificate have been issued to the Named Insured by

| Type of Insurance  | Policy Number PCP8407368 10                         | Company<br>(A/B)<br>B          | Effective<br>Date<br>09/08/2013   | Expiration<br>Date<br>09/08/2014      | Limits of Liubility.   |                      |   |
|--|---|--------------------------------|-----------------------------------|---------------------------------------|--|----------------------|---|
| COMMERCIAL LIABILITY [X] Commercial General Liability [X] Occurrence  FARM LIABILITY |   |                                |                                   |                                       | ProdComp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person) Each Occurrence |                      | \$2,000,000<br>\$2,000,000<br>\$1,000,000<br>\$1,000,000<br>\$50,000<br>\$5,000 |
| [ ] Equine<br>[ ] Occurrence   |   |                                |                                   |                                       | Med Expense (Any   | one person           |   |
| COMM. AUTO LIABILITY  [ X ] Scheduled Autos  [ ] Ilired Autos  [ ] Non-Owned Autos   | PCP8407368 10                                       | В                              | 09/08/2013                        | 09/08/2014                            | Each Accident<br>Med Expense   | <u> </u>             | \$1,000,000<br>\$5,000  |
| FARM AUTO LIABILITY  [ ] Scheduled Autos [ ] Hired Autos [ ] Non-Owned Autos         | NC<br>This Do                                       | TC                             | FFI                               | CIAI                                  | Each Accident<br>Med Expense   | 20.<br>P             |   |
| UMBRELLA LIABILITY   |   |                                |                                   | Recorde                               |  | AICH<br>HOIR         | FILE  |
| WORKERS'<br>COMPENSATION<br>AND<br>EMPLOYERS' LIABILITY                              | WC 8312331 14                                       | В                              | 08/02/2013                        | 08/02/2014                            | Statutory - Indiana<br>Each Accident<br>Disease Policy Limit<br>Disease Each Emplo   |                      | \$100.000<br>\$500.000<br>\$100.000   |
| OTHER  |   |                                |                                   |                                       |  | RRO E                | 0   |
| DESCRIPTION OF OPERATIONS, I<br>GENERAL  | LOCATIONS, VEHIC                                    | CLES, REST                     | RICTIONS, AN                      | D SPECIAL IT                          | EMS  | Z                    | : <del>(1</del> )   |
| If subrogation is waived, subject to the confer rights to the certificate holder in  | terms and conditions of lieu of such endorseme      | of the policy, ent(s).         | certain policies r                | nay require an e                      | ndorsement. A statem   | ent on this Certific | ate does not  |
| Should any of the described policies be failure to do so shall impose no obligati    | canceled before the exp<br>on or liability of any k | piration date,<br>ind upon the | the issuing insuinsurer, its agen | rer will make an<br>Is or representat | effort to notify the cer   | tificate holder nam  | ied, but  |
| GARY L MUR PI  | ШҮ  | _ 2                            |                                   | 6/2014                                |  | 317-856-9165         |   |
| Agent  |   | E .                            | D.                                | ate                                   |  | Phone                |   |

06-996 3-12 Printed: 01/15/2014 03:04:27 PM [ ] Certificate Holder's Copy [ ] Home Office Copy [ ] Agency Copy [ ] Insured's Copy

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