



CERTIFICATE OF INSURANCE

2014 JAN 21 PM 1:50
003726

NAMED INSURED AND ADDRESS:
STEUER SEPTIC SYSTEMS LLC
319 W PHILLIPS RD
VALPARAISO IN 46383

CERTIFICATE ISSUED TO:
LAKE COUNTY BUILDING DEPARTMENT
2293 N MAIN STREET
CROWN POINT, IN 46307

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

A UFB CASUALTY INSURANCE COMPANY B UNITED FARM FAMILY MUTUAL INSURANCE COMPANY

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. This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	Limits of Liability
COMMERCIAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence	CPPI427611 20	B	07/22/2013	07/22/2014	General Aggregate \$1,000,000 Prod.-Comp/OP Aggregate \$1,000,000 Personal-Advertising Injury \$500,000 Each Occurrence \$500,000 Fire Damage (Any one fire) \$100,000 Med Expense (Any one person) \$5,000
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence Med Expense (Any one pers)
COMM. AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense
FARM AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense
UMBRELLA LIABILITY					Each Occurrence Aggregate
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 1476911 18	B	11/28/2013	11/28/2014	Statutory - Indiana Each Accident \$100,000 Disease Policy Limit \$500,000 Disease Each Employee \$100,000
OTHER					

MICHAEL R. ...
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 FILED FOR RECORD
 LAKE COUNTY IN



DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 GENERAL CONTRACTOR - EXCAVATING AND SEPTIC SYSTEMS.

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 canceled 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.

JASON D MITCHELL 01/21/2014 219-462-0591
 Agent Date Phone

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V.M.V.C.
SS
CS