

## **CERTIFICATE OF INSURANCE**

**United Farm Family Mutual Insurance Company** 

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 took it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed.

## NAMED INSURED AND MAILING ADDRESS

C.R. Clark Company, LLC 125 Sylvan Dr Valparaiso, IN 46385

## **CERTIFICATE ISSUED TO**

Lake County Building Dept 2293 N Main St Crown Point, IN 46307

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

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Lir	nits in Tho	ousands
GENERAL LIABILITY  Commercial General Liability  Occurrence	PCP8417894	07-25-2013	07-25-2014	General Aggregate ProdComp/OPS Aggregate Personal-Advertising Each Occurrence Fire Damage (Any or Med Expense (Any o	Injury ne fire)	\$ 2,00 \$ 2,00 \$ 2,00 \$ 7,00 \$ 1,00 \$ 1,00
Scheduled Autos Hired Autos Non-Owned Autos	NO'	ocume r off:		CSL \$		
JMBRELLA LIABILITY	This Doc	ument is tl	e propert	Each Occurrence		Aggregate \$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	the La	ke County	Recorder	Statutory - Indiana \$ \$	([	Each Accident) Diséase Policy Limit) Disease-Each Employee
OTHER				\$		
DESCRIPTION OF OPERATION	ONS, LOCATIONS, VE	HICLES, RESTRI	CTIONS, AND SP	ECIAL ITEMS		12 O
f subrogation is waived, subject Certificate does not confer rights Should any of the described poli- named, but failure to do so shall	to the certificate holder in icies be cancelled before	lieu of such endors the expiration date	sement(s). s, the issuing insure	r will make an effo	ort to notify t	
07-25-2		Lm Don	reller	M(40.)	646	4

06-897 1-03 006-897ac.dot	☐ Certificate Holder's Copy	☐ Home Office Copy	☐ Agent's Copy	☐ Insured's Copy