

NAMED INSURED AND ADDRESS:
 MENDOZA, ALEJO
 DBA A&M LANDSCAPE
 9000 MATHEWS ST
 CROWN POINT IN 46307

CERTIFICATE ISSUED TO:
 Town of Schererville
 10 E Joliet Street
 Schererville IN 46375

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	PCP8414415 02	B	01/17/2014	01/17/2015	General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)	\$2,000,000 \$2,000,000 \$1,000,000 \$1,000,000 \$20,000 \$5,000
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence Med Expense (Any one person)	
COMM. AUTO LIABILITY <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	PCP8414415 02	B	01/17/2014	01/17/2015	Each Accident Med Expense	\$1,000,000 \$100,000
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					Statutory - Indiana Each Accident Disease Policy Limit Disease Each Employee	
OTHER						

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS

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 name, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

KURT A BARONE **01/31/2014** **219-322-5739**
 Agent Date Phone



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2014 JAN 31 PM 12:12
 MICHAEL B. CROWN
 RECORDER

NON-COM
 \$17.00
 M-E
 CASH