

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/27/2013

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(les) 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).

PRODUCER				CONTACT NAME: CLIEN	T CONTACT CE	ENTER	•	
FEDERATED MUTUAL INSURANCE COMP	PHONE (A/C, No, Ext): 888-333-4949 (A/C, No): 507-446-4664							
HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	E-MAIL							
,			RDING COVERAGE	<b>W</b>	NAIC#			
				INSURER A: FEDER	RATED MUTUA	L INSURANCE COMPANY	0	13935
INSURED 232-188-3				INSURER B:				
BENJAMIN FRANKLIN PLUMBING #111				INSURER C:			+	
8183,GRAND BLVD MERRILLVILLE, IN 46410				INSURER D:				
<b>\</b>				INSURER E:			,	
$\Box$	INSURER F:							
COVERAGES CER	TIFIC	ATE	NUMBER: 9			REVISION NUMBER: 2		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW 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 HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR TYPE OF INSURÂNCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
GENERAL LIABILITY						EACH OCCURRENCE		\$1,000,000
COMMERCIAL GENERAL LIABILITY	1					DAMAGE TO RENTED PREMISES (Ea occurrence)		\$100,000
CLAIMS-MADE .X. OCCUR						MED EXP (Any one person)		
A X BUSINESS OWNER'S LIABILITY	N	N	9053882	12/31/2013	12/31/2014	PERSONAL & ADV INJURY	107	\$1,000,000
	1					GENERAL AGGREGATE	=	-85 000 000
GEN'L AGGREGATE LIMIT APPLIES PER:		/	Docum	nent is		PRODUCTS - COMPION ACC	ш.	r\$2;000,000
X POLICY PRO- JECT LOC							<u> </u>	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT!		C00,000,100
X ANY AUTO	/	_	101 01			BODILY INJURY (Per person)	2000	202
A ALL OWNED SCHEDULED AUTOS	N	his	Docu9053883nt is	12/31/2013	e12/31/2014 f	BODILY INJURY (Per acadent)	3	
HIRED AUTOS NON-OWNED		41	a I also Comm	Dana	11	PROPERTY DAMAGE		<u> </u>
		T.	ne Lake Cour	ity Recor	der!	<b></b>		
X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	9	\$1,000,000
A EXCESS LIAB CLAIMS-MADE	N	N	9053884	12/31/2013	12/31/2014	AGGREGATE		\$1,000,000
DED RETENTION.								l.
WORKERS COMPENSATION						X WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1					E.L. EACH ACCIDENT		\$500,000
A OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	N	9053885	12/31/2013	12/31/2014	E.L. DISEASE - EA EMPLOYEE		\$500,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L DISEASE - POLICY LIMIT	<del> </del>	\$500,000
DESCRIPTION OF OPERATIONS BEIOW							<del></del>	
					,			
			1111111	2 1111				Ĭ
			ATO RULL					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (Att	ach AC	ORD 101, Additional Remarks Scheo	dule, if more space is req	quired)			<u> </u>
PLUMBING				<b>3</b>			1.3	2. 705 1
						/	{ '	1455
AV COT A								
MOIANA								
ACCUMENTS VIOLED AND ADDRESS OF A STATE OF A								
CERTIFICATE HOLDER CANCELLATION								
232-188-3  9 2 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
THE EXPLICATION DATE THEREOE NOTICE WILL BE DELIVEDED.								
2293 N MAIN ST  CROWN POINT, IN 46307-1854  ACCORDANCE WITH THE POLICY PROVISIONS.								
S. S. F. F. S. F. F. F. S. S. F. F. S. S. F. F. S. S.	ALITHORIZED REPRESENTATIVE							

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