

CERTIFICATE OF INSURANCE

This certifies that



- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Name of policyholder CUMMINGS HEATING & AIR CONDITIONING, INC.

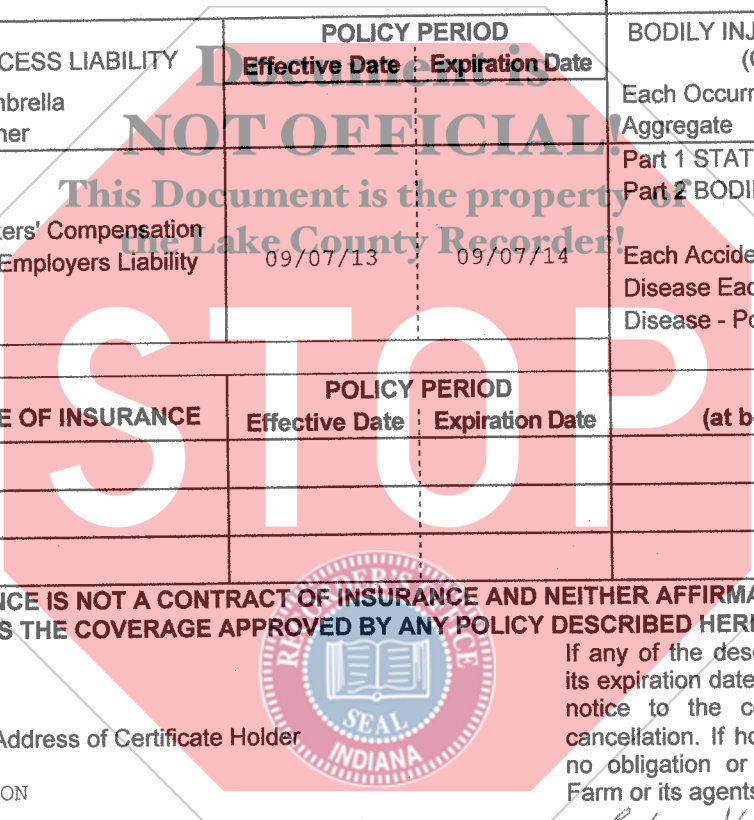
Address of policyholder 400 FISHER ST. STE I

Location of operations MUNSTER, IN 46321-2358

Scope Description of operations HVAC Contractor - Heating & Air Sales & Service

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY	
		Effective Date	Expiration Date	(at beginning of policy period)	
94-FF-2970-7	Comprehensive Business Liability	09/07/13	09/07/14	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:				Each Occurrence	2014 20,000,000
<input checked="" type="checkbox"/> Products - Completed Operations				General Aggregate	14 14,000,000
<input checked="" type="checkbox"/> Contractual Liability				Products - Completed Operations Aggregate	008551 2,000,000
<input checked="" type="checkbox"/> Underground Hazard Coverage					
<input checked="" type="checkbox"/> Personal Injury					
<input checked="" type="checkbox"/> Advertising Injury					
<input type="checkbox"/> Explosion Hazard Coverage					
<input type="checkbox"/> Collapse Hazard Coverage					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
EXCESS LIABILITY		POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE	
<input type="checkbox"/> Umbrella		Effective Date	Expiration Date	(Combined Single Limit)	
<input type="checkbox"/> Other				Each Occurrence	\$
				Aggregate	\$
Workers' Compensation and Employers Liability		POLICY PERIOD		Part 1 STATUTORY	
94-FF-3253-7		Effective Date	Expiration Date	Part 2 BODILY INJURY	
		09/07/13	09/07/14	Each Accident	2014 100,000
				Disease Each Employee	100,000
				Disease - Policy Limit	500,000
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY	
		Effective Date	Expiration Date	(at beginning of policy period)	



THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

LAKE COUNTY PLAN COMMISSION
LAKE COUNTY INDIANA

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Ed Kozlowski
Signature of Authorized Representative
Agent 01/31/14
Title Date

Ed Kozlowski Ins Agcy Inc
Ed Kozlowski, Agent
6629 West US 30 Ste 7, PO Box 257
Schererville, IN 46375-0257
Bus 219-322-2010



*NON-COM
\$12.00
M-E
CASH*