

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

NAMED INSURED AND MAILING ADDRESS

INNOVATIVE HOMES/N.W. INC.
6824 W 146TH PLACE
CROWN POINT, IN 46307

CERTIFICATE ISSUED TO

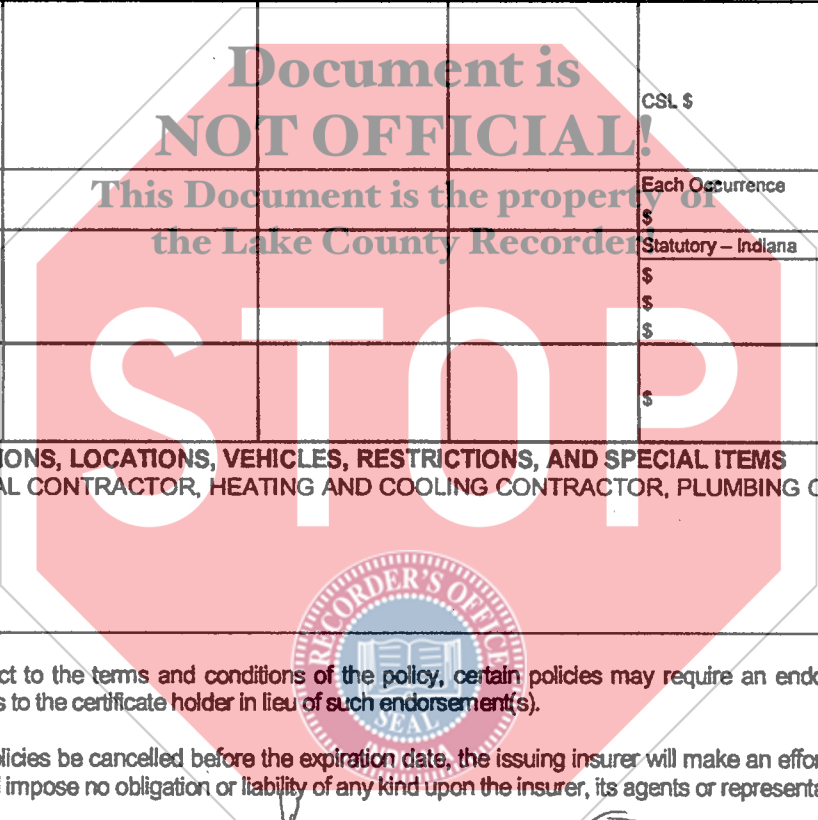
TOWN OF CEDAR LAKE
7408 CONSTITUTION AVE.
CEDAR LAKE, IN 46303

2014 009188

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 does not confer rights to the certificate holder in lieu of such endorsement(s).

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands	
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> _____ <input type="checkbox"/> _____	PCP8416424 03	01-02-2014	01-02-2015	General Aggregate	\$ 2,000,000
				Prod.-Comp/OPS Aggregate	\$ 2,000,000
				Personal-Advertising Injury	\$ 1,000,000
				Each Occurrence	\$ 1,000,000
				Fire Damage (Any one fire)	\$ 50,000
				Med Expense (Any one person)	\$ 5,000
AUTOMOBILE LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____				CSL \$	
UMBRELLA LIABILITY				Each Occurrence	\$ _____
				Aggregate	\$ _____
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				Statutory - Indiana	\$ _____
					(Each Accident)
					(Disease Policy Limit)
					(Disease-Each Employee)
OTHER					\$ _____

2014 FEB 18 AM 10:11
 MICHAEL BROWN
 RECORDER



DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 SCOPE OF WORK: GENERAL CONTRACTOR, HEATING AND COOLING CONTRACTOR, PLUMBING CONTRACTOR

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 cancelled 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.

02-14-2014
Date

[Signature]
Authorized Representative

45H7
Agent Code

\$12
CMT
7989
non Q
Com F