

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
American Family Mutual Insurance Company if selection box is not checked.
6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
St. John Pool Center
9571 Wicker Avenue
PO Box 21
St John, IN 46373

Agent's Name, Address and Phone Number (Agt./Dist.)
John Hamilton
6375 Melton Road
Portage, IN 46368-1218
(219) 763-2571 (034/566)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES
This is to certify that 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.

Table with columns: TYPE OF INSURANCE, POLICY NUMBER, POLICY DATE (EFFECTIVE, EXPIRATION), LIMITS OF LIABILITY. Rows include Homeowners/Mobilehomeowners Liability, Boatowners Liability, Personal Umbrella Liability, Farm/Ranch Liability, Workers Compensation and Employers Liability, General Liability, Businessowners Liability, Liquor Liability, Automobile Liability, Excess Liability.



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Other (Miscellaneous Coverages)
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
swimming pool installation
The individual or partners shown as insured [X] Have [ ] Have not elected to be covered under this policy
Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS
Lake County Planning & Building Dept
2293 Main St
Crown Point IN 46307
Fax: 755-3712

CANCELLATION:
[X] Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail \*( ) days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. \*10 days unless different number of days shown.
[ ] This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
DATE ISSUED 03/25/2014
AUTHORIZED REPRESENTATIVE John Hamilton

Handwritten note: non-com \$12.00 M.E CASH