



CERTIFICATE OF INSURANCE

NAMED INSURED AND ADDRESS:
 HUIZENGA STAIRS INC
 2605 GARFIELD AVE UNIT C
 HIGHLAND IN 46322-1748

CERTIFICATE ISSUED TO:
 LAKE COUNTY PLANNING COMMISSION
 2293 N MAIN ST
 CROWN POINT, IN 46307

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 prior 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	PCP8414192 04	B	04/22/2014	04/22/2015	General Aggregate \$2,000,000 Prod.-Comp/OPS Aggregate \$2,000,000 Personal-Advertising Int. \$1,000,000 Each Occurrence \$1,000,000 Fire Damage (Any one person) \$500,000 Med Expense (Any one person) \$5,000
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence \$1,000,000 Med Expense (Any one person) \$5,000
COMM. AUTO LIABILITY <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos	PCP8414192 04	B	04/22/2014	04/22/2015	Each Accident \$1,000,000 Med Expense \$5,000
FARM AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident \$1,000,000 Med Expense \$5,000
UMBRELLA LIABILITY					Each Occurrence Aggregate \$1,000,000
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8321008 04	B	04/22/2014	04/22/2015	Statutory - Indiana Each Accident \$500,000 Disease Policy Limit \$500,000 Disease Each Employee \$500,000
OTHER					

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 CONSTRUCTION & CARPENTRY SPECIFIC TO STAIRS.

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

RISTE JAKIMOSKI
 Agent

05/08/2014
 Date

219-924-0131
 Phone

2014 026083
 MAY - 8 PM 12:05
 RECORDER
 FILED FOR RECORD
 OF IND
 LAKE COUNTY
 RECORDER



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