



CERTIFICATE OF INSURANCE

NAMED INSURED AND ADDRESS:
 TRACOFF, GREGORY
 DBA TRI-SEV
 3740 W 48TH AVE
 GARY IN 46408

CERTIFICATE ISSUED TO:
 LAKE CO 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 paid 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	CPP8141907 05	B	10/08/2014	10/08/2015	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) \$100,000 Med Expense (Any one person) \$5,000
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence Med Expense (Any one person)
COMM. AUTO LIABILITY <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos	CPP8141907 05	B	10/08/2014	10/08/2015	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 Med Expense
UMBRELLA LIABILITY					Each Occurrence Aggregate
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8322318 04	B	03/18/2014	03/18/2015	Statutory - Indiana Each Accident \$100,000 Disease Policy Limit \$500,000 Disease Each Employee \$100,000
OTHER					



2014 078523

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 GENERAL 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 canceled before the expiration date, the issuing insurer will make an effort to notify the certificate holder name, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

DANE R RADOJA
 Agent

12/09/2014
 Date

2014 DEC 10 AM 10:08
 MICHAEL BROWN
 RECORDER
 219-663-7028
 Phone

12
 CS
 G
 NON
 CONF