

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

]''``	Lump Insurance	Agency Inc			NAME:				
112 Mill Street				PHONE FAX (A/C, No, Ext); (A/C, No);					
PO Box 155					E-MAIL ADDRESS:				
	Lowell, IN 46356				IN:	SURER(S) AFFOR	RDING COVERAGE	NAIC #	
					INSURER A: INDIANA FARMERS MUTUAL INS CO			22624	
INSURED Carl Matury Construction					INSURER B: Indiana Farmers Mutual Ins Co			2098	
353 N Nichols St Lowell, IN 46356								16270	
Lowell, 114 40330						INSURER D:			
					INSURER E:				
(INSURER F:				
CO	VERAGES	TIFICAT	E NUMBER:	DEVISION NUMBED.					
T	HIS IS TO CERTIFY THAT	THE POLICIES	OF INSUE	ANCE LISTED BELOW HAV	E BEEN ISSUED TO T	HE INSURED	MANAGO ADOME BOD BUT BOOK	CV DEDIOD	
	NDICATED. NOTWITHSTAN	IDING ANY REC	QUIREME	NT, TERM OR CONDITION (OF ANY CONTRACT OF	OTHER DO	NAMED ABOVE FOR THE POLIC CUMENT WITH RESPECT TO W	HICH THIS	
							JUMENT WITH RESPECT TO W IEREIN IS SUBJECT TO ALL TI	HE TERMS,	
INSR LTR	CCLUSIONS AND CONDITIONS OF SUCH F		ADDLISUBRI		POLICY EFF	POLICY EXP	wholest statement.		
A	GENERAL LIABILITY			POLICY NUMBER CGL1001087	POLICY EFF (MM/DD/YYYY)		LIMITS		
``		=		CGL1001067	06/13/2014	06/13/2015	EACH OCCURRENCE \$	500,000	
1	V COMMERCIAL GENERAL						DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000	
	CLAIMS-MADE	OCCUR					MED EXP (Any one person) \$	5,000	
1						·	PERSONAL & ADVINJURY \$	500,000	
				Docum	nent is		GENERAL AGGREGATE \$	500,000	
1	GEN'L AGGREGATE LIMIT APP	LIES PER:		Docum	HCTHC 15		PRODUCTS - COMPTOP AGG \$		
	POLICY PRO- JECT	LOC	/ -	MOTOR	TITOTAT		CO s		
В	AUTOMOBILE LIABILITY			CAP1005112	04/06/2014	04/06/2015	COMBINED SINGLE LIMIT (Ea accident) \$	500,000	
	ANY AUTO		ANIL S	D	- 41		(Ea accident) \$ BODILY INJURY (Per person) \$	000,000	
	ALL OWNED AUTOS	SCHEDULED AUTOS NON-OWNED	1 mi	Document is	s tne prope	rty of	BODILY INJURY (Per accident) \$		
	HIRED AUTOS	NON-OWNED AUTOS		he Lake Cou	nty Record	pr!	PROPERTY DAMAGE		
		10.100		The Little Cour	ity iteeora		(Fet accident)		
	UMBRELLA LIAB	OCCUR					\$		
	EXCESS LIAB	CLAIMS-MADE					EACH OCCURRENCE \$		
	DED RETENTION						AGGREGATE State 1 \$	3/	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								
							WE STATU- OTH-		
			N/A				E.L. EACH ACCIDENT S		
1	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE S		
<u> </u>	DESCRIPTION OF OPERATIONS below		00404047			E.L. DISEASE - POLICY LIMIT S			
C	Lake County Bond			60401847	01/01/2015	01/01/2016	5000		
				THE			macrosis -		
				JUL ROE	CS O'S		The second		
DESC	CRIPTION OF OPERATIONS / LOC	ATIONS / VEHICLE	S (Attach A	CORD 101, Additional Remarks Sch	nedule, if more space is requ	ired)			
Gene	eral Contractor								
								,14,	
				E 1.00				100	
				Egg. Alex	A LINE LINE			(A)	
				Trining I	ANA			t. 70	
								* (`/@\	
CEF	RTIFICATE HOLDER				CANCELLATION			<u> </u>	
	Fax #: (219) 755	-3712			CANCELLATION				
` '					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
	Lake County Pla			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	2293 N Main St Crown Point, IN								
Orowit Foliti, IIV 40307									
					AUTHORIZED REPRESENTATIVE				
					/\.\.\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
					Allan		Ken		
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