

**CERTIFICATE OF INSURANCE**



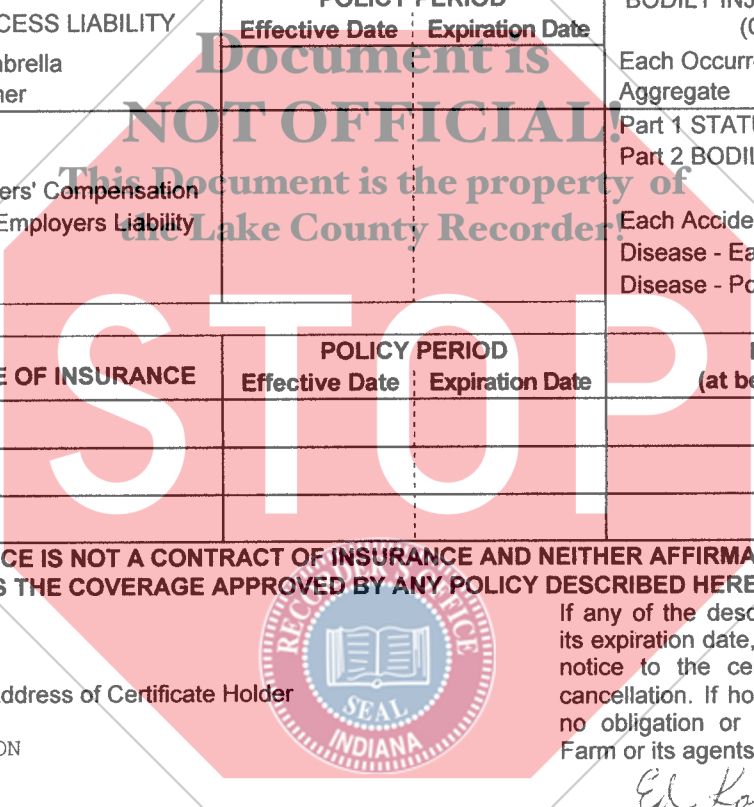
- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder HILBRICH CONCRETE LLC  
 Address of policyholder 8277 LINCOLNWOOD DR. SCHERERVILLE, IN 46375  
 Location of operations \_\_\_\_\_  
 Description of operations CONCRETE CONTRACTOR

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY	
		Effective Date	Expiration Date	(at beginning of policy period)	
94-FF-5421-6	Comprehensive Business Liability	03/09/14	03/09/15	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/>		Each Occurrence	\$ 1,000,000
				General Aggregate	\$ 2,000,000
				Products - Completed Operations Aggregate	\$ 2,000,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)	
	Workers' Compensation and Employers Liability			Each Occurrence Aggregate	\$ 1,000,000
				Part 1 STATUTORY	
				Part 2 BODILY INJURY	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY	
		Effective Date	Expiration Date	(at beginning of policy period)	



STATE OF INDIANA  
 LAKE COUNTY  
 RECORDER  
 FILED FOR RECORD  
 2014 FEB 16 AM 9:59  
 MILLER TOWN

**THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.**

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder \_\_\_\_\_ days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Name and Address of Certificate Holder

LAKE COUNTY PLAN COMMISSION  
 PLANNING & BUILDING DEPT.  
 2293 NORTH MAIN ST  
 CROWN POINT, IN 46307

*Ed Kozlowski*  
 Signature of Authorized Representative  
 AGENT \_\_\_\_\_ Date 02-26-2014  
 Title \_\_\_\_\_

**Ed Kozlowski Ins Agcy Inc**  
 Ed Kozlowski, Agent  
 6629 West US 30 Ste 7, PO Box 257  
 Schererville, IN 46375-0257  
 Bus 219-322-2010



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