

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

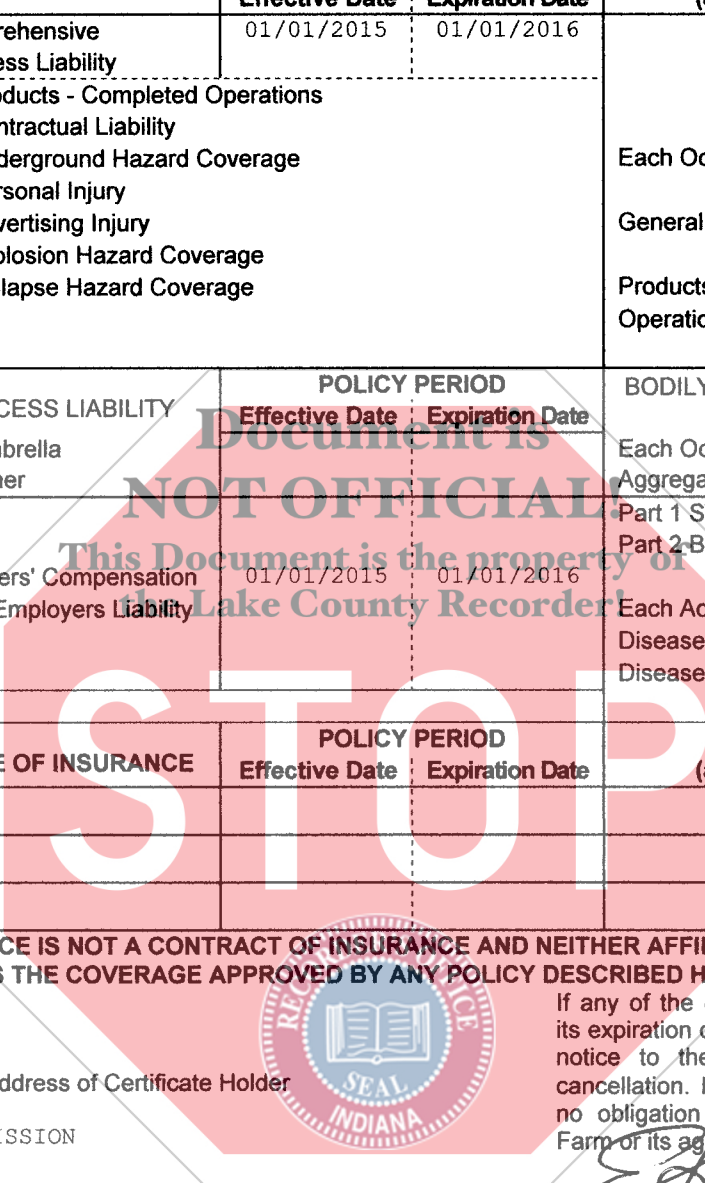
insures the following policyholder for the coverages indicated below:

Policyholder: BRENNER CONCRETE CONSTRUCTION LLC
 Address of policyholder: 665 TRENTON CT CROWN POINT IN 46307-5210
 Location of operations: SAME
 Description of operations: CONCRETE CONTRACTOR

2014 080613

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 (at beginning of policy period)
		Effective Date	Expiration Date	
94-FF-9340-8	Comprehensive Business Liability	01/01/2015	01/01/2016	BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ 1,000,000 General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000
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"/>				
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other			Each Occurrence \$ Aggregate \$
94-FF-9800-5	Workers' Compensation and Employers Liability	01/01/2015	01/01/2016	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ 100,000 Disease - Each Employee \$ 100,000 Disease - Policy Limit \$ 500,000
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)



MICHAEL J. ...
 RECORDER
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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 30 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 PLANNING COMMISSION
 2293 N. MAIN ST.
 CROWN POINT, IN 46307

Signature of Authorized Representative: *[Signature]*
 AGENT: Ed Kozlowski Date: 12/10/2014

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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NON CONF

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