

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Family Mutual Insurance Company. This Certificate does not constitute a contract between the issuing insurer, agent or representative and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed.

NAMED INSURED AND MAILING ADDRESS

U-GO ELECTRIC CO INC
 4020 HARMS RD
 MERRILLVILLE, IN 46410

CERTIFICATE ISSUED TO

LAKE COUNTY PLANNING COMMISSION
 2293 W 84TH PL STE. A & B
 MERRILLVILLE, IN 46410

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. If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in thousands
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> _____ <input type="checkbox"/> _____	BOP8418355	01-01-2015	01-01-2016	General Aggregate \$ 2000 Prod.-Comp/OPS Aggregate \$ 2000 Personal-Advertising Injury \$ 1000 Each Occurrence \$ 1000 Fire Damage (Any one fire) \$ 50 Med Expense (Any one person) \$ 5
AUTOMOBILE LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____				CSL \$ _____ Each Occurrence \$ _____ Aggregate \$ _____
UMBRELLA LIABILITY				Statutory - Indiana \$ _____ (Each Accident) (Disease Policy Limit) (Disease-Each Employee)
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY WC8326362 01-01-2015 01/01/2016				\$100 \$500 \$100
OTHER				\$ _____

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 ELECTRICAL

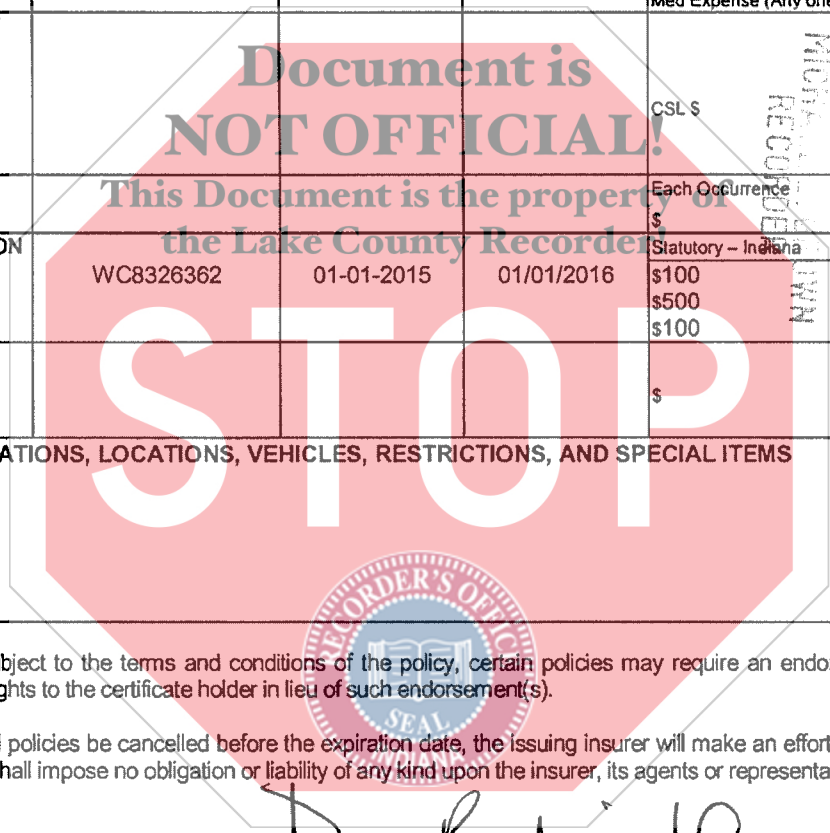
If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Should any of the described policies be cancelled 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.

12-15-2014
 Date

Don Ladouceur
 Authorized Representative

45A6
 Agent Code



2014 DEC 23 AM 11:02

RECORDED
 2014 DEC 23 AM 11:02
 FILED FOR RECORDING
 LAKE COUNTY INDIANA

12. CASLET