

NAMED INSURED AND ADDRESS:
 RCB MANAGEMENT INC
 C/O ROBERT BROWN
 11536 STEVENSON CT
 CROWN POINT IN 46307

CERTIFICATE ISSUED TO:
 LAKE COUNTY PLANNING COMMISSION
 2293 N. MAIN STREET
 CROWN POINT, IN 46307

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by

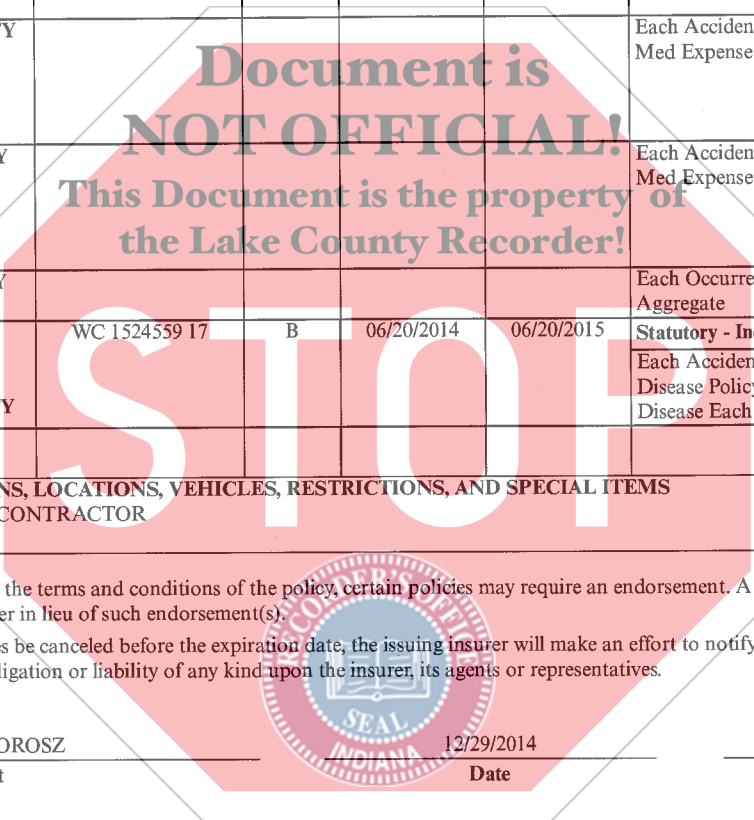
A UFB CASUALTY INSURANCE COMPANY

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.

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2014 DEC 29 PM 2:08
 RECORDED
 FILED FOR RECORD



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	PCP1523624 18	B	03/14/2014	03/14/2015	General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)	\$1,000,000 \$1,000,000 \$500,000 \$500,000 \$50,000 \$5,000
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence Med Expense (Any one person)	
COMM. AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense	
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 1524559 17	B	06/20/2014	06/20/2015	Statutory - Indiana Each Accident Disease Policy Limit Disease Each Employee	\$100,000 \$500,000 \$100,000
OTHER						

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 SCOPE OF WORK: 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 named, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

JOSEPH L OROSZ 12/29/2014 219-663-1028
 Agent Date Phone

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