INDIANA FARM BUREAU INSURANCE®

CERTIFICATE OF INSURANCE

NAMED INSURED AND ADDRESS:
HUIZENGA STAIRS INC
2605 GARFIELD AVE UNIT C
HIGHLAND IN 46322-1748

CERTIFICATE ISSUED TO:
Lake County Planning Commission
2293 N. Main Street
Crown Point, IN 46307

2015 02 229

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.

Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	Limits of Liability	
COMMERCIAL LIABILITY	BOP8414192 05	B	04/22/2015	04/22/2016	General Aggregate	$2,000,000
[X] Commercial General Liability					Prod.-Comp/OPS Aggregate	$2,000,000
[X] Occurrence					Personal-Advertising Injury	$1,000,000
					Each Occurrence	$1,000,000
					Fire Damage (Any one fire)	$50,000
					Med Expense (Any one person)	$5,000
FARM LIABILITY					Each Occurrence	
[ ] Equine					Med Expense (Any one person)	
[ ] Occurrence						
COMM. AUTO LIABILITY	CAP8503278 00	B	04/22/2015	04/22/2016	Each Accident	$1,000,000
[X] Scheduled Autos					Med Expense	$5,000
[ ] Hired Autos						
[ ] Non-Owned Autos						
FARM AUTO LIABILITY					Each Accident	
[ ] Scheduled Autos					Med Expense	
[ ] Hired Autos						
[ ] Non-Owned Autos						
UMBRELLA LIABILITY					Each Occurrence	
					Aggregate	
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8321008 05	B	04/22/2015	04/22/2016	Statutory - Indiana	
					Each Accident	$500,000
					Disease Policy Limit	$500,000
					Disease Each Employee	$500,000
OTHER						

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 APR 10 PM 1:49
MICHAEL B. BROWN
RECORDER

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
Construction & Carpentry Specific to Stairs

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.

THOMAS W HUDSON	04/09/2015	219-924-0131
Agent	Date	Phone

12.
CASH
DN
NON-COM

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