



CERTIFICATE OF INSURANCE
 United Farm Family Mutual Insurance Company

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

NOAH CONSTRUCTION LLC
 123 N MAIN STREET
 CROWN POINT, IN 46307

CERTIFICATE ISSUED TO

LAKE COUNTY PLANS COMMISSIONS
 2293 N MAIN STREET
 CROWN POINT, IN 46307

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"/>	BOP8213100 00	10-20-2014	10-20-2015	General Aggregate \$ 2,000 Prod.-Comp/OPS Aggregate \$ 2,000 Personal-Advertising Injury \$ 1,000 Each Occurrence \$ 1,000 Fire Damage (Any one fire) \$ 50 Med Expense (Any one person) \$ 5	2015 02 10
AUTOMOBILE LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>				CSL \$	
UMBRELLA LIABILITY				Each Occurrence \$	Aggregate \$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8327927 00	10-20-2014	10-20-2015	Statutory - Indiana \$100 \$500 \$100	(Each Accident) (Disease Policy Limit) (Disease-Each Employee)
OTHER				\$	

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 GENERAL CONTRACTOR

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2015 APR 17 AM 8:55
 MICHAEL B. BROWN
 RECORDER

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.

04-09-2015 Date *Kurt Barone* Authorized Representative 45F8 Agent Code

1 copy
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 M. E.
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