

PRODUCER

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

CLIENT CONTACT CENTER

HOME OFFICE: P.O. BOX 328	PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664		
OWATONNA, MN 55060	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM		
	INSURER(S) AFFOR		NAIC#
	INSURER A: FEDERATED MUTUAL		13935
INSURED 118-626-1	INSURER B:		
RABER PATIO ENCLOSURES LLC	INSURER C:		
PO BOX 365	INSURER D:		-
SHIPSHEWANA, IN 46565	INSURER E:		
		and the second	
CONTRACTO AND ADDITIONATE MANAGEMENT OF	INSURER F:	C/3	
COVERAGES CERTIFICATE NUMBER: 33 REVISION NUMBER: 2			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW 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 HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			
INSR TYPE OF INSURANCE - ADDL SUBR INSR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)	TIMITS	
GENERAL LIABILITY  This Document i	s the property of	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
CLAIMS-MADE X OCCUR the Lake Cou	nty Recorder!	MED EXP (Any one person)	EXCLUDED
A N N 6013215	05/15/2014 05/15/2015	PERSONAL & ADV INJURY	\$1,000,000
		GENERAL ACGREGATE	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:		PRODUCTS - COMP/OP AGG	\$2,000,000
X POLICY PRO-		. 😥 .	
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT	다. \$1,000,000
X ANY AUTO		BODILY INJURY (Per person)	
A ALL OWNED SCHEDULED N N N 6013215	05/15/2014 05/15/2015	BODILY INJURY (Per accident)	<del>2</del> m
HIRED AUTOS NON-OWNED AUTOS		The state of the s	<del>Î</del> o
AUTOS	A 2017		
X UMBRELLA LIAB X OCCUR	III de la constantina della co	Security arthropy	\$2,000,000
A EXCESS LIAB CLAIMS-MADE N N 6013216	05/15/2014 05/15/2015		\$2,000,000
2.08	03/13/2014 03/13/2013	AGGREGATE	
DED RETENTION WORKERS COMPENSATION		34.2	- 10 Lap
AND EMPLOYERS' LIABILITY		TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	05/15/2014 05/15/2015	E.L. EACH ACCIDENT	\$500,000
A OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	A	E.L. DISEASE - EA EMPLOYEE	\$500,000
If yes, describe under DESCRIPTION OF OPERATIONS below	IAMA	E.L DISEASE - POLICY LIMIT	\$500,000
	/.		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			
GENERAL CONTRACOR ERVIN RABER			
	- <u></u>		
CERTIFICATE HOLDER	CANCELLATION	•	

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SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE** 

LAKE COUNTY PLANNING COMMISSION

CROWN POINT, IN 46307-1854

118-626-1

**2293 N MAIN ST**