

NAMED INSURED AND ADDRESS:
 MITSCH, PATRICK
 4511 E 121ST AVE
 CROWN POINT IN 46307-7806

CERTIFICATE ISSUED TO:
 LAKE COUNTY BUILDING AND PLANNING
 2293 NORTH 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.

Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	Limits of Liability
COMMERCIAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence					General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)
FARM LIABILITY <input type="checkbox"/> Equine <input checked="" type="checkbox"/> Occurrence	RG 8938372 01	B	09/09/2014	09/09/2015	Each Occurrence \$1,000,000 Med Expense (Any one person) \$25,000
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 Statutory - Indiana
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					Each Accident Disease Policy Limit Disease Each Employee
OTHER					

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 LINE OF WORK :SEPTIC SYSTEMS

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.

Agent

05/29/2015
 Date

219-690-1540
 Phone



2015 032984
 2015 MAY 29 PM 3:09
 MICHAEL BERSON
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 PUBLIC RECORDS DIVISION

M-E
 NON-COM
 @ 12:00
 #10274