



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

PORCH, JOEL
 DBA PORCH CONSTRUCTION
 5260 E 109TH PL
 CROWN POINT, IN 46307

CERTIFICATE ISSUED TO

LAKE COUNTY BUILDING DEPARTMENT
 2293 N. MAIN ST.
 CROWN POINT, IN 46307

2015 08 08 04

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 type="checkbox"/> Commercial General Liability <input type="checkbox"/> Occurrence <input type="checkbox"/> _____ <input type="checkbox"/> _____				General Aggregate \$ _____ Prod.-Comp/OPS Aggregate \$ _____ Personal-Advertising Injury \$ _____ Each Occurrence \$ _____ Fire Damage (Any one fire) \$ _____ Med Expense (Any one person) \$ _____
AUTOMOBILE LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____				CSL \$ _____ Each Occurrence \$ _____ Aggregate \$ _____
UMBRELLA LIABILITY				Statutory - Indiana \$ _____ (Each Accident) (Disease Policy Limit) (Disease-Each Employee)
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC8320926	12-27-2014	12-27-2015	\$500,000 \$500,000 \$500,000
OTHER				\$ _____



DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 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 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.

12-17-2015 Date *Jim Donnelly* Authorized Representative 6439 Agent Code

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