

CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder BRENNER CONCRETE CONSTRUCTION LLC
 Address of policyholder 665 TRENTON CT CROWN POINT IN 46307-5210
 Location of operations SAME
 Description of operations CONCRETE CONTRACTOR (SCOPE OF WORK)

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
94-FG-4102-1	Comprehensive Business Liability	01/01/2016	01/01/2017	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence \$ 1,000,000 General Aggregate \$ 2,000,000 Products - Completed Operations Aggregate \$ 2,000,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
94-FG-4581-6	Workers' Compensation and Employers Liability	01/01/2016	01/01/2017	Each Occurrence Aggregate Part 1 STATUTORY BODILY INJURY Part 2 BODILY INJURY Each Accident \$ 100,000 Disease - Each Employee \$ 100,000 Disease - Policy Limit \$ 500,000
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)



2018
 08550914

2018
 08550914
 STATE OF INDIANA
 LAKE COUNTY
 RECORDER'S OFFICE
 RECEIVED FOR RECORDING
 DECEMBER 18 PM 12:33
 MICHAEL E. BROWN
 RECORDER

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

LAKE COUNTY PLANNING COMMISSION
 2293 N MAIN ST
 CROWN POINT, IN 46307

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Melissa L. Sewer
 Signature of Authorized Representative
 AGENT 12/15/2015
 Title Date

Agent's Code Stamp
 AFO Code 93ED

2c New Com 12 WUY #5275

Ed Kozlowski Ins Agcy Inc **State Farm**
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