



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

CARL & SON PLUMBING AND HEATING INC
 3070 E 62ND PL
 HOBART IN 46342-8442

CERTIFICATE ISSUED TO

LAKE COUNTY PLANNING COMMISSION
 2293 N MAIN ST
 CROWN POINT IN 46306

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"/> _____	CFP1122614	01-21-2016	01-21-2017	General Aggregate	\$ 2,000,000
				Pred.-Comp/CPG Aggregate	\$ 2,000,000
				Personal-Accident/Injury	\$ _____
				Each Occurrence	\$ 1,000,000
				Fire Damage (Any one fire)	\$ 100,000
				Med Expense (Any one person)	\$ 5,000
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	WG 1149-46	01-21-2016	01-21-2017	Statutory - Indiana	(Each Accident)
				\$100,000	(Discrete Policy Limit)
				\$500,000	(Of Each Employee)
				\$100,000	
OTHER				\$	
DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS					
PLUMBING 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.

12-22-2015
 Date

[Signature]
 Authorized Representative

2015 DEC 28 AM 10:38
 4673
 Agent Code

\$12.00
 Non-com
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