

**NAMED INSURED AND ADDRESS:**  
 MITSCH FARM DRAINAGE INC  
 C/O GERALD MITSCH  
 4511 E 121 ST AVE  
 CROWN POINT IN 46307-9712

**CERTIFICATE ISSUED TO:**  
 TOWN OF WINFIELD  
 10645 RANDOLPH ST  
 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	
<b>COMMERCIAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence	CPP1227619 30	B	12/31/2015	12/31/2016	General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)	\$2,000,000 \$1,000,000 \$100,000 \$100,000 \$5,000
<b>FARM LIABILITY</b> <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence Med Expense (Any one person)	\$1,000,000 \$5,000
<b>COMM. AUTO LIABILITY</b> <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos	CPP1227619 30	B	12/31/2015	12/31/2016	Each Accident Med Expense	\$1,000,000 \$5,000
<b>FARM AUTO LIABILITY</b> <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense	\$1,000,000 \$5,000
<b>UMBRELLA LIABILITY</b>					Each Occurrence Aggregate	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC 1227620 30	B	12/31/2015	12/31/2016	Statutory - Indiana Each Accident Disease Policy Limit Disease Each Employee	\$100,000 \$500,000 \$100,000
<b>OTHER</b>						

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

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.

JOHN W WATTS  
Agent



219-690-1540  
Phone

2016 002913

STATE OF INDIANA  
LAKE COUNTY  
FILED & RECORDED  
MICHAEL B. BROWN  
RECORDER  
2016 JAN 14 PM 2:33



12-1  
CASH  
DN-COM  
Non-com