

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

Insured's Name and Address:

Rick Michalowicz Agency (103/822)
 13159 West 143rd Street
 Homer Glen, IL 60491
 (708)301-9090

Northwest Fence, Inc.dba
Northwest Cedar Products
 15537 S Weber Road
 Romeoville, IL 60446

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES				
TYPE OF INSURANCE	POLICY NUMBER	POLICY TYPE		LIMITS OF LIABILITY
		Effective (Mo,Day,Yr)	Expiration (Mo,Day,Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence
Farm/Ranch Liability				Farm & Personal Liability Each Occurrence Farm Employer's Liability Each Occurrence
Workers Compensation and Employers Liability +	12-XB-6536-92	3/6/2016	3/6/2017	Statutory Each Accident \$500,000 Disease - Each Employee \$500,000 Disease - Policy Limit \$500,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	SC-1509990	09/23/2015	09/23/2016	General Aggregate \$2,000,000 Products - Completed Operations Aggregate \$2,000,000 Personal and Advertising Liability \$1,000,000 Each Occurrence \$1,000,000 Damage to Premises Rented to You \$100,000 Medical Expense (Any One Person) \$5,000
Businessowners Liability				Each Occurrence + + Aggregate + + Common Cause Limit Aggregate Limit
Liquor Liability				Bodily Injury - Each Person \$ 1,000,000 Bodily Injury - Each Accident \$ 1,000,000 Property Damage \$ 1,000,000 Bodily Injury & Property Damage Combined
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>	12-XB-6536-06	8/26/2015	8/28/2016	Each Occurrence/Aggregate
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				
Other (Miscellaneous Coverages)				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS Fencing Contractor		+ The individual or partners shown as insured have elected to be covered as employees under this policy. + - Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.		
CERTIFICATE HOLDER'S NAME AND ADDRESS Lake County Plan Commission 2293 N Main St Crown Point, IN 46307		CANCELLATION <input checked="" type="checkbox"/> Should any of the above described policies be canceled before the expiration date thereof, the company will endeavor to mail *(30 days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.		
		DATE ISSUED 03/11/2016	AUTHORIZED REPRESENTATIVE 	



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