

CERTIFICATE OF LIABILITY INSURANCE

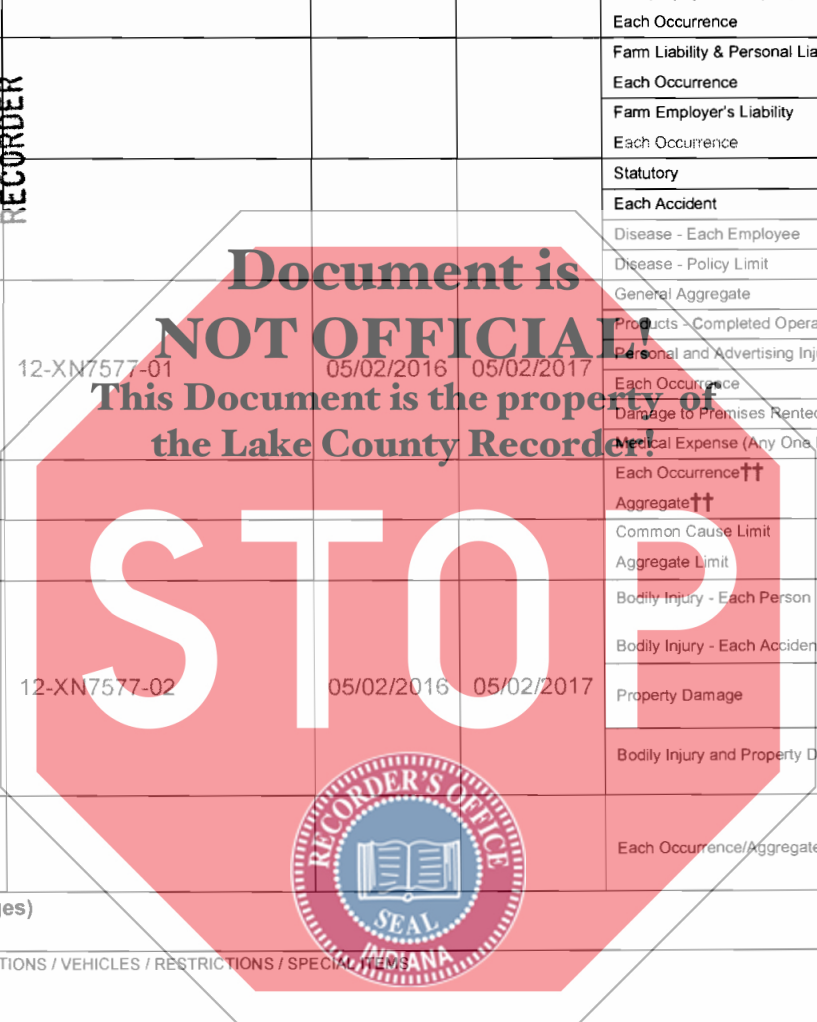
American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 F & Y LAWN SERVICE LLC
 7524 Knickerbocker Pkwy
 Hammond, IN 46323-2605

Agent's Name, Address and Phone Number (Agt./Dist.)
 Theresa L Oscar
 4721 MIDLOTHIAN TPKE STE 27
 CRESTWOOD, IL 60445
 (708) 371-1188 (017/843)

**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				
This is to certify that policies of insurance listed below 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 herein is subject to all the terms, exclusions, and conditions of such policies.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	12-XN7577-01	05/02/2016	05/02/2017	General Aggregate \$ 1,000,000 Products - Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 500,000 Each Occurrence \$ 500,000 Damage to Premises Rented to You \$ 100,000 Medical Expense (Any One Person) \$ 10,000
Businessowners Liability				Each Occurrence†† \$,000 Aggregate†† \$,000 Common Cause Limit \$,000 Aggregate Limit \$,000
Liquor Liability				Bodily Injury - Each Person \$ 100,000 Bodily Injury - Each Accident \$ 300,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>	12-XN7577-02	05/02/2016	05/02/2017	Property Damage \$ 100,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000
Other (Miscellaneous Coverages)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL TERMS				



2016 AUG 11 PM 2:53
 MICHAEL B. BROWN
 RECORDER

2016 054864

†The individual or partners Have shown as insured elected to be covered under this policy. Have not
 ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS	CANCELLATION
TOWN OF SCHERERVILLE 10 EAST JOLIET STREET SCHERERVILLE, IN 46375 TEL: 219-322-2211	<input checked="" type="checkbox"/> Should any of the above described policies be cancelled 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: 08/11/2016 AUTHORIZED REPRESENTATIVE: EDNA PORTILLO

*\$17.00 non-com
M-Z
CASH*