

NAMED INSURED AND ADDRESS:
 PORTER BROS LLC
 5705 W 45TH ST
 GARY IN 46408

CERTIFICATE ISSUED TO:
 LAKE COUNTY PLAN COMMISSION
 2293 N MAIN ST
 CROWN POINT, IN 46307

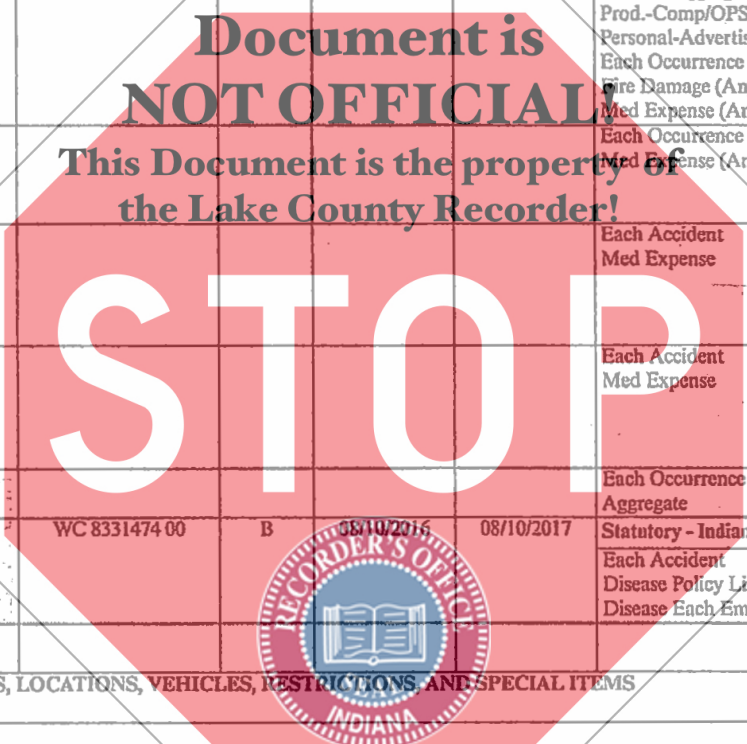
This is to certify that the policies listed in this Certificate have been issued to the Named Insured by

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
COMMERCIAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence	BOP8214387 01	B	04/09/2016	04/09/2017	General Aggregate \$2,000,000 Prod.-Comp/OPS Aggregate \$2,000,000 Personal-Advertising Injury \$1,000,000 Each Occurrence \$1,000,000 Fire Damage (Any one fire) \$50,000 Med Expense (Any one person) \$5,000
FARM LIABILITY <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence Med Expense (Any one person)
COMM. AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense
FARM AUTO LIABILITY <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense
UMBRELLA LIABILITY					Each Occurrence Aggregate
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8331474 00	B	08/10/2015	08/10/2017	Statutory - Indiana Each Accident \$100,000 Disease Policy Limit \$500,000 Disease Each Employee \$100,000
OTHER					



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.

JAMES RAINBOLT Agent 08/26/2016 Date 219-924-0131 Phone

AMOUNT \$ 12-
 CASH CHARGE
 CHECK# 1197
 COPIES 2
 NON-CONF ✓
 DEPUTY KW