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 (Act/Pist.)
Richard J Michalowicz 13159 W 143rd St Ste 100 Homer Glen, IL 60491 (708) 301-9090 (103/822)

Insured's Name and Address Northwest Fence Inc. 15537 S Weber Road Romeoville, 11,60446

COVERAGES .							
This is to certify that policies of insurance lis document with respect to which this certifica	ted below have been Issued to the insure te may be issued or may pertain, the ins	ed named above for the urance afforded by the	policy period indical policies described h	ted, notwithstanding any requirement, term erein is subject to all the terms, exclusions,	or condition	of any contract o	r other
TYPE OF INDUPANCE	BOLLOWSERED		Y DATE	LIMITS OF LIABILES			-
TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	LIMITS OF LIAI	SILVERY	77 - 6/3	
Homeowners75.		(410, 55), 11)	(3.0, 2.0)	Bodily Injury and Property Damage(*)	-	Jan 1	
Mobilehomeowners Liability				Each Occurrence	22	m _b =	.00
B				Bodily Injury and Property Daniage	-	nino	
Boatowners Liability		1		Each Occurrence	-1 \$	6,2	,00
Personal Umbrella Liability				Bodily Injury and Property Damage		70 m	
				Each Occurrence	Os		,00
				Farm Liability & Personal Liability		0-19	
Form/Ponch Lightlity				Each Occurrence	\dot{N}^2		,00
Farm/Ranch Liability				Farm Employer's Liability		Prant .	
***				Each Occurrence	£ \$,00
	12-XB6536-92		03/06/2017	Statutory		****	*****
Workers Compensation and		03/06/2016		Each Accident	\$	50	00,00
Employers Liability †		03/06/2016		Disease - Each Employee	\$	50	00,00
				Disease - Policy Limit	\$	50	00,00
General Liability				General Aggregate	\$	2,00	00,00
☑ Commercial General			ļ	Products - Completed Operations Aggreg	ate \$	2,00	00,00
Liability (occurrence)	NINIOGO 400	05/00/0040	05/00/0047	Personal and Advertising Injury	\$	1,00	00,00
	NN680483	05/28/2016	05/28/2017	Each Occurrence	\$	1,00	00,00
				Damage to Premises Rented to You	s		00,00
- · .		1		Medical Expense (Any One Person)	\$		5,00
				Each Occurrence ††	s		,00
Businessowners Liability				Aggregate††	\$,00
				Common Cause Limit	<u>_</u>		,00
Liquor Liability			j	Aggregate Limit	\$,00
Automobile Liability				Bodily Injury - Each Person	\$	1,00	00,00
☐ Any Auto			i			4.00	
☐ All Owned Autos	·			Bodily Injury - Each Accident	\$	1,00	00,00
Scheduled Autos	12-XB6536-06	08/28/2016	08/28/2017	Properly Damage	\$	1.00	00,00
☐ Hired Auto				- repair, same			0,00
☐ Nonowned Autos				Bodily Injury and Property Damage Comb	lined \$,00
Excess Liability							
☐ Commercial Blanket Excess				Each Occurrence/Aggregate	\$,00
Other (Miscellaneous Coverag	es)						
DESCRIPTION OF ODERATIONS (LOCAL	TONE WELICIES I DESTRICTIONS IS	POECIAL ITEMS					
DESCRIPTION OF OPERATIONS / LOCAT	IONS / VEHICLES / RESTRICTIONS /	SPECIAL ITEMS			vidual or p		lave
					is insured : red under	this policy.	lave no
						ed Operations ago	
					to each or I in policy a	currence limit and goregate.	IS
CERTIFICATE HOL	DER'S NAME AND ADDRES			CANCELLATION			
St. John Municipal Building			Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(days) written notice to the Certificate				
			Holder named, but failure to mail such notice shall impose no obligation or liability of any kind				
10955 W. 93rd Ave.		l uj	pon the company,	its agents or representatives, *10 days			
St. John, IN 46373			shown. 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 AUTHORIZED REPRESENTATIVE
					1	1/04/2016	Rick Michal
-201 Ed. 5/00		-			Stock N	lo. 06668 Re	77