## INDIANA FARM BUREAU INSURANCE

## CERTIFICATE OF INSURANCE

NAMED INSURED AND ADDRESS: VANDERMOLEN, ROY A 8222 FOREST AVE MUNSTER IN 46321

CERTIFICATE ISSUED TO: LAKE CO PLANNNG 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 or requirement, term or condition of any of by the policies described is subject to all Certificate of Insurance does not constitute affirmatively or negatively amend, ext	ontract or other docum terms, exclusions and of tute a contract between	nent with res conditions o the issuing	pect to which the f such policies. A insurer(s), author	is Certificate ma Aggregate limits s rized representa	y be issued or may pertain, the ins shown may have been reduced by	surance afforded paid claims. This
Type of Insurance	Policy Number	Company Effective Expiration (A/B) Date Date		Limits of Liability		
COMMERCIAL LIABILITY [X] Commercial General Liability [X] Occurrence	BOP1530657 19	ocu	02/23/2017 I <b>men</b> 1 FFI (		General Aggregate ProdComp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire)	\$1,000,000 \$1,000,000 \$500,000 \$500,000 \$50,000
FARM LIABILITY [ ] Equine	This Doc				Med Expense (Any one persen)  Each Occurrence  Med Expense (Any one person)	\$5,000
[ ] Occurrence				ecorder	Fach Accident	
COMM. AUTO LIABILITY  [ ] Scheduled Autos [ ] Hired Autos [ ] Non-Owned Autos					Each Accident Med Expense	, S
FARM AUTO LIABILITY  [ ] Scheduled Autos [ ] Hired Autos [ ] Non-Owned Autos	5				Each Accident Med Expense	
UMBRELLA LIABILITY					Each Occurrence Aggregate	
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY		N. C.	DERSON		Statutory - Indiana Each Accident Disease Policy Limit Disease Each Employee	STAI
OTHER		~			OF -	2m0
DESCRIPTION OF OPERATIONS, I SCOPE OF WORK: PAINTING	LOCATIONS, VEHIC	LES, REST	WDIANA	SPECIAL IT	EMS CIES P	F IND
If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this Certificate times not confer rights to the certificate holder in lieu of such endorsement(s).						
Should any of the described policies be failure to do so shall impose no obligati						der named, but
JAMES RAINBOLT				3/2017	219-924	-0131
Agent			D	ate	Pho	0131 085 000 000
						mi

06-996 3-12 [ ] Certificate Holder's Copy [ ] Home Office Copy [ ] Agency Copy [ ] Insured's Copy Page 1 of 1 Printed: 02/13/2017 04:11:13 PM