



CERTIFICATE OF INSURANCE
 United Farm Family Mutual Insurance Company

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Family Mutual Insurance Company. This Certificate does not constitute a contract between the issuing insurer, agent or representative and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed.

NAMED INSURED AND MAILING ADDRESS

MICHAEL CRIBE DBA CRIBE CONSTRUCTION
 2839 BELSHAW RD
 LOWELL, IN 46356

CERTIFICATE ISSUED TO

LAKE COUNTY PLANNING COMMISSION
 2293 N MAIN ST
 CROWN POINT, IN 46307

2017 049331

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. If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits (Thousands)
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability Occurrence <input type="checkbox"/> _____ <input type="checkbox"/> _____	BOP8212307	06-20-2017	06-20-2018	General Aggregate \$1,000,000 Prod.-Comp./OPS Aggregate \$1,000,000 Personal-Advertising Injury \$1,000,000 Each Occurrence \$50,000 Fire Damage (Any one person) \$50,000 Med Expense (Any one person) \$5,000
AUTOMOBILE LIABILITY <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____	BOP8212307	06-20-2017	06-20-2018	CSL \$1,000,000
UMBRELLA LIABILITY				Each Occurrence \$ _____ Aggregate \$ _____
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8327323	06-20-2017	06-20-2018	Statutory - Indiana \$500 (Each Accident) \$500 (Disease Policy Limit) \$500 (Disease-Each Employee)
OTHER				\$ _____



2017 AUG -8 AM 10:33
 MICHAEL CRIBE
 REC'D
 LAKE COUNTY
 STAFF OF INDIANA
 FILED FOR RECORD

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS
 GENERAL CONTRACTOR: CARPENTRY

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 cancelled 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.

_____ 08-08-2017 _____ 45T4
 Date Authorized Representative Agent Code