

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY											CONTACT NAME: CLIENT CONTACT CENTER						
HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060											PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4					664	
											E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM						
											INSURER(S) AFFORDING COVERAGE NAIC #						
											INSURER A: FEDERATED MUTUAL INSURANCE COMPANY					13935	
INSURED 119-003-2											INSURER B:						
KWIATKOWSKI MASONRY INC											INSURER C:						
1006 N INDIANA AVE											INSURER D:						
CROWN POINT, IN 46307-2736																	
											INSURER E:						
										INSURER F:							
		AGES						NUMBER:					REVISION	NUMBERIO			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE GEEN ISSUED TO THE INSURED NAMED ABOVE CRITTED 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.															CY PERIOD HICH THIS KCLUSIONS		
TYPE OF INSURANCE ADDL SUBRE POLICY NUMBER											POLICY EFF	POLICY EXP		L(MITS			
	х	COMMERCIAL GENERA	T L	ABILITY	$\overline{}$	7	his	Doc			s the pro		FACHOCCU			\$1,000,000	
		CLAIMS-MADE X		occur /			1	1			1 -	4 "	DAMAGE TO	RENTED		\$100,000	
	Н		, L	CCOR			t	he La	ake C	oui	nty Reco	order!	THE RESERVE OF THE PARTY OF THE	y one person		\$10,000	
A	Н					N.	1		0902838					ADV INJURY			
^		N'L AGGREGATE LIMIT A		150 050	_	N	N		0302030		09/30/2017	09/30/2018				\$1,000,000	
				7			1_						GENERAL A	GREGATE	ļ	\$2,000,000	
		POLICY PRO- JECT	Ц] roc									PRODUCTS	COMPIOP AGG		\$2,000,000	
		OTHER:															
		TOMOBILE LIABILITY											(Ea accident)	INGLE LIMIT		\$1,000,000	
A	X	ANY AUTO											BODILY INJU	RY (Per person)			
		OWNED AUTOS ONLY	OWNED AUTOS ONLY			N	N		0902838	02838	09/30/2017	09/30/2018	BODILY INJU	RY (Per accident)			
		HIRED AUTOS ONLY		NON-OWN AUTOS O									PROPERTY	AMAGE 23			
				1									Their accinent		7		
А	х	UMBRELLA LIAB	x	OCCUR						OTTEN	III III III		FACH OCCU	THE CO		\$10,000,000	
		EXCESS LIAB	Ë	CLAIMS-MADE		N	N		0902839	A SAME S TANK	09/30/2017	09/30/2018	AGGREGAT	ENCE O		\$10,000,000	
		DED RETENTION	_	CDamsen	MUE	"	"		0302053		C3/30/2011	09/30/2010	AGGREGATI		- 177		
	Wo	RKERS COMPENSATIO	_		\rightarrow					1		+		- COOTH		<u>n</u>	
		AND EMPLOYERS' LIABILITY											X PER S		SO.		
Α		ANY PROPRIETOR/PARTNER/EXECUTIVE			بکتار دی	09/30/2017	09/30/2018	E.L. EACHTA			\$1,000,000						
,		FFICER/MEMBER EXCLUDED? Andatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below					1		USUZ GIA		A 03/30/2017	03/30/2018	E.L. DISEAS	EA EMPLOYEE	5-15	\$1,000,000	
							`				ANA		E.L. DISEASI	POLICY LIMIT		\$1,000,000	
	DEG	ORIF HON OF OPERATIO	/113	DEIOW	\dashv					VIIII	IIII			- 0	جنز	 	
												/		•			
													1				
								L			<u> </u>						
		ION OF OPERATIONS / L			HICLE	S (AC	ORD 10	01, Additional	Remarks Scho	edule, ma	sy be attached if mon	e space is required)					
KE:	п	ASONRY CONTRAC	IUN	(I	
CER	TIFI	CATE HOLDER									CANCELLATION						
119		_								22 0							
		OUNTY PLAN COM	ıMı	SSION				2			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
2293 N MAIN ST 25-											THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
CRO	W	I POINT, IN 46307-1	1854	4				^	_		ACCURDANCE	WITH THE POLICE	C4 PROVIS	IUNS.			
C S								>		AUTHORIZED REPRESENTATIVE							
						Coffee Set ottor											
an								(M	Jiping ca sour								