

### 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

Insured's Name and Address  
St John Pool Center  
PO Box 21  
St John, IN 46373

Agent's Name, Address and Phone Number (Agt./Dist.)  
John D Hamilton  
6375 Melton Rd  
Portage, IN 46368  
(219) 763-2571 (084/552)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.  
This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

#### COVERAGES

This is to certify that policies of insurance listed below 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 herein is subject to all the terms, exclusions, and conditions of such policies.

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$ .000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$ .000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$ .000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$ .000 Farm Employer's Liability Each Occurrence \$ .000 Statutory
Workers Compensation and Employers Liability †	13-X34990-90	10/10/2017	10/10/2018	Each Accident \$ 500,000 Disease - Each Employee \$ 500,000 Disease - Policy Limit \$ 500,000 General Aggregate \$ 1,000,000 Products - Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Damage to Premises Rented to You \$ 500,000 Medical Expense (Any One Person) \$ .000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	13-X34990-02	10/10/2017	10/10/2018	Each Occurrence †† \$ .000 Aggregate †† \$ .000 Common Cause Limit \$ .000 Aggregate Limit \$ .000
Businessowners Liability				Bodily Injury - Each Person \$ 1,000,000 Bodily Injury - Each Accident \$ 1,000,000 Property Damage \$ .000 Bodily Injury and Property Damage Combined \$ .000
Liquor Liability				Each Occurrence †† \$ .000 Aggregate †† \$ .000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>	13-X34990-01	10/10/2017	10/10/2018	Bodily Injury - Each Person \$ 1,000,000 Bodily Injury - Each Accident \$ 1,000,000 Property Damage \$ .000 Bodily Injury and Property Damage Combined \$ .000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$ .000



2017 OCT 19 AM 10:07  
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 MICHAEL B. GROW

#### Other (Miscellaneous Coverages)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS  
 SWIMMING POOL CONTRACTOR

† The individual or partners  Have shown as insured elected to be covered under this policy.  Have not  
 †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

#### CERTIFICATE HOLDER'S NAME AND ADDRESS

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

#### CANCELLATION

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 upon the company, its agents or representatives. \*10 days unless different number of days 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  
10/18/2017

AUTHORIZED REPRESENTATIVE  
John Hamilton

25-  
all 20914  
copy