

NAMED INSURED AND ADDRESS:
 IST ENTERPRISES INC
 C/O SNEZANA TRAJCEVSKI
 10450 PIKE ST.
 CROWN POINT IN 46307

CERTIFICATE ISSUED TO:
 LAKE CO PLANNING COMMISSION
 2293 N MAIN ST
 CROWN POINT IN 46307

2017 0837000
 MICHAEL L. SNOOK
 RECORDER
 307 Dec 11 PM 12:03
 FILED FOR RECORD
 STATE OF INDIANA
 LAKE COUNTY

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 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. This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	Limits of Liability	
COMMERCIAL LIABILITY	CPP8114678 15	B	09/06/2017	09/06/2018	General Aggregate	\$2,000,000
<input checked="" type="checkbox"/> Commercial General Liability					Prod.-Comp/OPS Aggregate	\$2,000,000
<input checked="" type="checkbox"/> Occurrence					Personal-Advertising Injuries	\$1,000,000
					Each Occurrence	\$1,000,000
					Fire Damage (Any one fire)	\$100,000
					Med Expense (Any one person)	\$5,000
FARM LIABILITY					Each Occurrence	
<input type="checkbox"/> Equine					Med Expense (Any one person)	
<input type="checkbox"/> Occurrence						
COMM. AUTO LIABILITY					Each Accident	
<input type="checkbox"/> Scheduled Autos					Med Expense	
<input type="checkbox"/> Hired Autos						
<input type="checkbox"/> Non-Owned Autos						
FARM AUTO LIABILITY					Each Accident	
<input type="checkbox"/> Scheduled Autos					Med Expense	
<input type="checkbox"/> Hired Autos						
<input type="checkbox"/> Non-Owned Autos						
UMBRELLA LIABILITY					Each Occurrence	
					Aggregate	
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					Statutory - Indiana	
					Each Accident	
					Disease Policy Limit	
OTHER					Disease Each Employee	



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

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 canceled 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.

DANIEL V PLOTNER
 Agent

12/04/2017
 Date

219-663-1028
 Phone

BD 5,000
Cash
JB