

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/02/2017

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(les) 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).

	UCER								CONTACT NAME: CLIENT CONTACT CENTER						
FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328								P	PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4					4	
OWATONNA, MN 55060								E	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM						
									INSURER(S) AFFORDING COVERAGE					NAIC#	
									INSURER A: FEDERATED MUTUAL INSURANCE COMPANY					13935	
INSURED 375-192-2									INSURER B:						
AFFORDABLE GARAGE DOOR INC									INSURER C:						
1250 W 180TH LN LOWELL, IN 46356-9810								TI II	INSURER D:						
LOTTLEL III TOUGO OU									INSURER E:						
								11	INSURER F:						
CO	/ER/	AGES	CE	RTIFIC	ATE	NUMBER	₹: 23		REVISION NUMBER: 0						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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.															
INSR TYPE OF INSURANCE ADDL SUBRE POLICY NUMBER									POLICY EFF POLICY EXP						
115	x	COMMERCIAL GENERAL LI		$\overline{}$				10	the prop		EACH OCCUR	RENCE		\$1,000,000	
1	H		occur /								\rightarrow			\$100,000	
l	H					the l	Lake Cou	ın	ty Recor	der!	MED EXP (Any	one person)	1	EXCLUDED	
Α	H			N	N		0759534		01/01/2018	01/01/2019	PERSONAL &	ADV INJURY		\$1,000,000	
	GE	Y'L AGGREGATE LIMIT APPL	JES PER:								GENERAL AGO	GREGATE O		\$2,000,000	
	X	POLICY PRO-	LOC								PRODUCTS -	COMPIOP AGG		\$2,000,000	
		OTHER:													
	ΑU	TOMOBILE LIABILITY									COMBINED SI	NGLE LIMIT		\$1,000,000	
	X	ANY AUTO	-									Y (Per person)			
Α	Ш	OWNED AUTOS ONLY	SCHEDULED AUTOS	N	N		0759 <mark>534</mark>		01/01/2018	01/01/2019		Y (Per accident)			
		HIRED AUTOS ONLY	NON-OV/NED AUTOS ONLY								PROPERTY DA	AMAGE ~			
	П		1									3 2	ř		
Α	X	UMBRELLA LIAB X	OCCUR				71111	ER	Sallin		EACH OCCUR	REINCE 🔾	1	-\$1,000,000	
		EXCESS LIAB	CLAIMS-MADE	E N	N	N	0759538	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01/01/2018	01/01/2019	AGGREGATE		A.F E.D	\$1,000,000	
	П	DED RETENTION						<u>~</u>	T-MICE		7		F	!	
Г	WORKERS COMPENSATION										X PER ST	TUTE OTH-	CC CC OR	í	
1		AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						VE V		22/22/22/22	E.L. EACH AC	CIDENT	ROE R	\$500,000	
Α		O759537 (Mandatory in NH)							01/03/2018	01/01/2019	E.L. DISEASE	EA EMPLOYEE	735	\$500,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							UIA	him		E.L. DISEASE	- POLICY LIMIT	372	\$500,000	
	DES	CRIPTION OF OPERATIONS	Delow	+				_				<u> </u>			
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050	POIDT	ION OF OPERATIONS / LOCA	ATIONS / VEHIC	ES (AC	OPD 1	N1 Addition	nal Pemarks Schedule	may	he attached if more s	nace is required)	I		<u> </u>	-86	
		OF WORK: GARAGE								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Q	* 73		
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CEI	RTIF	ICATE HOLDER			_			$\frac{-}{}$	CANCELLATION						
	-192						23	۰],	SHOULD ANY O	F THE AROVE F	DESCRIBED	POLICIES BF (CANCELL	ED BEFORE	
		COUNTY PLAN COMM	IISSION						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
2293 N MAIN ST CROWN POINT, IN 46307-1854									ACCORDANCE WITH THE POLICY PROVISIONS.						
CROWN CHAIR, IN 40001-1004								ŀ	AUTHORIZED REPRESENTATIVE						
								ľ							
								ŀ	Coffing Extreller						