

NAMED INSURED AND ADDRESS:  
 PROCTOR, CARL & SMITH, TOM  
 DBA HOOSIER DRYWALL  
 P O BOX 948  
 CEDAR LAKE IN 46303

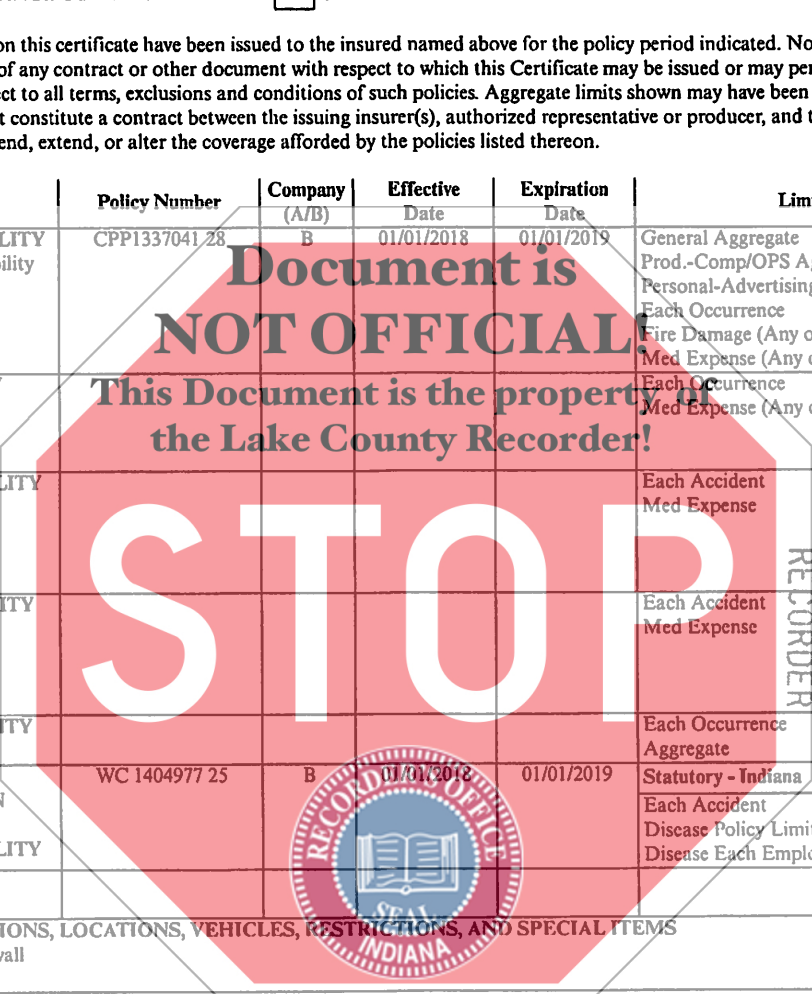
CERTIFICATE ISSUED TO:  
 LAKE CO PLANNING COMMISSION  
 2293 N MAIN ST  
 CROWN POINT, IN 46307

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
<b>COMMERCIAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence	CPP1337041 28	B	01/01/2018	01/01/2019	General Aggregate \$1,000,000 Prod.-Comp/OPS Aggregate \$1,000,000 Personal-Advertising Injury \$500,000 Each Occurrence \$500,000 Fire Damage (Any one fire) \$100,000 Med Expense (Any one person) \$5,000
<b>FARM LIABILITY</b> <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence Med Expense (Any one person)
<b>COMM. AUTO LIABILITY</b> <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense
<b>FARM AUTO LIABILITY</b> <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident Med Expense
<b>UMBRELLA LIABILITY</b>					Each Occurrence Aggregate
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC 1404977 25	B	01/01/2018	01/01/2019	Statutory - Indiana Each Accident \$100,000 Disease Policy Limit \$500,000 Disease Each Employee \$100,000
<b>OTHER</b>					



2017 085868

MICHAEL B. BROWN  
RECORDER

2017 DEC 18 PM 12:16

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDING

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS  
 Scope of Work: Speciality Drywall

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.

\_\_\_\_\_  
 WILLIAM E ST. CLAIR      12/18/2017      219-924-0131  
 Agent      Date      Phone

*Handwritten:* 25.1-7569