

**NAMED INSURED AND ADDRESS:**  
 BUCHANAN ENTERPRISES INC  
 DBA BASS LAKE STORAGE & U-LOCK  
 PO BOX 11889  
 MERRILLVILLE IN 46411-1889

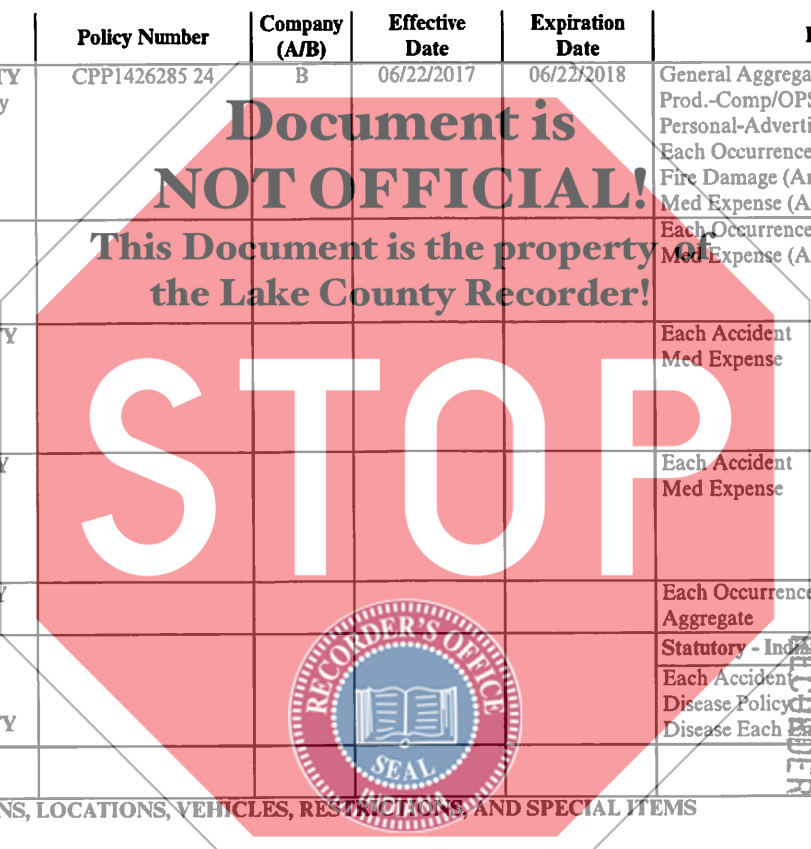
**CERTIFICATE ISSUED TO:**  
 LAKE COUNTY PLANNING COMMISSION  
 2293 N MAIN ST  
 CROWN POINT IN 46307

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	CPP1426285 24	B	06/22/2017	06/22/2018	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>					Statutory - Indiana Each Accident Disease Policy Disease Each Employee
<b>OTHER</b>					
<b>DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS</b>					
GENERAL CONTRACTOR					



2017  
 086959  
 2017 DEC 21 PM 2:58  
 MICHAEL E. BROWN  
 RECORDER  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD

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 \_\_\_\_\_ 12/21/2017 \_\_\_\_\_ 219-663-1028  
 Agent Date Phone

AMOUNT \$ 25  
 CASH  CHARGE \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-COM \_\_\_\_\_  
 CLERK RM