## INDIANA FARM BUREAU INSURANCE

06-996 3-12

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## **CERTIFICATE OF INSURANCE**

NAMED INSURED AND ADDRESS STEUER, SCOTT D DBA STEUER SEPTIC SERVICES 319 PHILLIP RD VALPARAISO IN 46385-9627			Lake Coun 2293 N Ma	CATE ISSUED 7 ity Building Dep in St nt, IN 46307			<b>~</b>
This is to certify that the policies listed	in this Certificate have b	een issued	to the Named In	sured by			<u> </u>
A UFB CASUALTY INSURANCE COMPANY			B UNITED FARM FAMILY MUTUAL INSURANCE COMPANY				
The policies of insurance listed on this requirement, term or condition of any by the policies described is subject to a Certificate of Insurance does not const it affirmatively or negatively amend, ex	contract or other docum il terms, exclusions and c itute a contract between	ent with re conditions ( the issuing	spect to which th of such policies. / insurer(s), autho	is Certificate ma Aggregate limits : orized representa	y be issued or may p shown may have bee	pertain, the insu	rumaniforded
Type of Insurance	Policy Number	Company (A/6)	Effective	Expiration Date	L	mits of Liability	•
COMMERCIAL LIABILITY	CPP8156096 02	THE C	09/17/2017	09/17/2018	General Aggregate		\$2,000,000
[X] Commercial General Liability [X] Occurrence	NO This Do	11 a 11 a 11	)FFI	CIAI	Personal Advertising Injury \$1,000,00 Each Occurrence \$1,000,00 Fire Dayting (Any one fire) \$100.00		\$2,000,000 \$1,000,000 \$1,000,000 \$100,000
FARM LIABILITY	THIS DO	1 (		proper	Med Expense (Any	y one person)	\$5,000
[ ] Equine [ ] Occurrence	the L	ake (	ounty I	Kecorde	Each Occurrence Med Expense (Am	y one person)	
COMM. AUTO LIABILITY [X] Scheduled Autos [ ] Hired Autos [ ] Non-Owned Autos	CPP8156096 02	В	09/17/2017	09/17/2018	Each Accident Med Expense	ECORD	BBBCUK BBBCUK GORRE C 28 PM
FARM AUTO LIABILITY    Scheduled Autos   Hired Autos   Non-Owned Autos					Each Accident Med Expense	70	COAD
UMBRELLA LIABILIT		Ś	ER'S		Each Occurrence Aggregate		
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY OTHER	WC 8329642 02	BES SE	09/17/2017 SEAN	09/17/2018	Statutory - Indiana Euch Accident Disease Policy Lin Disease Euch Emp	nit	\$100,000 \$500,000 \$100,000
DESCRIPTION OF OPERATIONS,	LOCATIONS, VEHIC	ES REST	ONCHOUNE AS	D SPECIAL IT	EKIS		
If subrogation is waived, subject to the confer rights to the certificate holder in Should any of the described policies be	terms and conditions of	f the policy,	certain policies i	may require an ea	ndorsement. A state		
failure to do so shall impose no obligat	ion or liability of any ki		e insurer, its agen	ils or representat			
JASON D MITCHELL Agent		12/28/2017 Date		219-462-0591 Phone			
Agein					AMOUNT S CASH CHECK #- OVERAGE	S CHARGE	<u>S</u>
					CORV		

| | Certificate Holder's Copy | | Home Office Copy | | Agency (Op) - Polisusodis Copy

CLERK \_\_