INDIANA FARM BUREAU INSURANCE

CERTIFICATE OF INSURANCE

NAMED INSURED AND ADDRESS HOT WIRE ELECTRIC INC C/O MATT JURS 10046 N 900 W Demotte IN 46310-9485	3:		LAKE CO 2293 N M	CATE ISSUED TO DUNTY PLAN (AIN ST POINT, IN 4630	COMMISSION		20	
	in this Cartificate have b	haan isawad	to the Normad In	د			9	
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						NA ADA NIN	0	
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 o itute a contract between	nent with res conditions of the issuing ge afforded	spect to which the function of such policies. insurer(s), authors by the policies li	iis Certificate ma Aggregate limits orized representa	ly be issued or may p shown may have bee	ertain, the ins	urance	afforded
Type of Insurance	Policy Number	Company (A/B)	Effective Date	Expiration Date	Limits of Liability		ty	
[X] Commercial General Liability [X] Occurrence	BOP8216836 02	OCU	08/02/2018 1 men FFI(t 1S	General Aggregate ProdComp/OPS / Personal-Advertisin Each Occurrence Fire Damage (Any	Aggregate ng Injury one file)	2019 K	\$2,000,000 \$2,000,000 \$1,000,000 \$1,000,000
FARM LIABILITY [] Equine [] Occurrence		ke Co	ounty R	ecorder	Med Expense (Any		110 20 P	100 S N S C C C C C C C C C C C C C C C C C
[X] Scheduled Autos [X] Hired Autos [X] Non-Owned Autos	CAP8508870 01	В	08/16/2018	08/16/2019	Each Accident Med Expense	NA CONTRACTOR	: : : :	S1,000,000 S5,000
FARM AUTO LIABIL TY [] Scheduled Autos [] Hired Autos [] Non-Owned Autos					Each Accident Med Expense			
UMBRELLA LIABILITY			THE PARTY OF THE P		Each Occurrence		 -	
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY OTHER	WC 8333166 01	BEG	108/16/2018	08/16/2019	Aggregate Statutory - Indiana Each Accident Disease Policy Limit Disease Each Employee			\$100,000 \$500,000 \$100,000
DESCRIPTION OF OPERATIONS,	LOCATIONS, VEHICI	ES, REST	RICTIONS, AN	D SPECIAL IT	EMS		1	
If subrogation is waived, subject to the confer rights to the certificate holder in Should any of the described policies be failure to do so shall impose no obligate	lieu of such endorsemer canceled before the expi	nt(s). Tration date.	the issuing insu	rer will make an	effort to notify the c			
MATTHEW A MYERS		03/28/2019				219-345-2700		
Agent		Date			Phone			

25 CC RM

06-996 3-12 Printed: 03/28/2019 11:04:59 AM [] Certificate Holder's Copy [] Home Office Copy [] Agency Copy [] Insured's Copy

Page 1 of 1