

## CERTIFICATE OF INSURANCE

N

| NAMED INSURED AND ADDRESS<br>PETE'S PLUMBING LLC<br>9478 W 1225 N<br>DEMOTTE IN 46310-9466  | CERTIFICATE ISSUED TO: LAKE COUNTY PLANNING COMMISSION 2293 N MAIN ST CROWN POINT IN 46307 |  |   |  |   | 0   9                    |            |   |
|---|--|--|---|--|---|--------------------------|------------|---|
| This is to certify that the policies listed   | in this Certificate have I   | been issued (                                |   |  |   |                          |            |   |
| A UFB CASUALTY INSURANCE COMPANY . B UNITED FARM FAMILY MUTUAL INSURANCE COMPANY  |  |  |   |  |   |                          | 37         |   |
| The policies of insurance listed on this requirement, term or condition of any oby the policies described is subject to al Certificate of Insurance does not constitute affirmatively or negatively amend, ex | contract or other docum<br>il terms, exclusions and d<br>itute a contract between          | cont with res<br>conditions o<br>the issuing | ipect to which the<br>f such policies, A<br>insurer(s), autho | is Certificate ma<br>aggregate limits :<br>rized represents: | y be issued or may p  | ertain, the ins          | E PC       | ima Thia  |
| Type of Insurance   | Policy Number  | Company (A/B)                                | Effective<br>Date   | Expiration<br>Date   | Limits of Liability   |                          | y          |   |
| COMMERCIAL LIABILITY [X] Commercial General Liability [X] Occurrence  | BOP8417813 06  | Doc  | 06/27/2019<br><b>ume1</b>                                     | 06/27/2020   | General Aggregate<br>ProdComp/OPS /<br>Personal-Advertisin<br>Each Occurrence | ng Injucy                | 2019       | \$2,000,000<br>\$2,000,000<br>\$1,000,086,<br>\$1,000,086 |
| FARM LIABILITY  | NO   | T  | FFI   | CIAI   | Fire Damage (Any Med Expense (Any   | one fire)<br>one person) |            | \$5,000   |
| FARIVI LIABILITY  [ ] Equine [ ] Occurrence   |  |  | nt is the<br>County I   |  | Each Occurrence<br>Med Expense (Any   |                          | 02         | OR RE   |
| COMM. AUTO LIABILITY  [ ] Scheduled Autos [ ] Hired Autos [ ] Non-Owned Autos   | the L  | ake  |   | xecorde  | Each Accident<br>Med Expense  | NAO (1)                  | PM 12: 0.7 | NDIANA<br>UNITY<br>NAMEDIANA                              |
| FARM AUTO LIABILITY  [ ] Scheduled Autos [ ] Hired Autos [ ] Non-Owned Autos  |  |  |   |  | Each Accident<br>Med Expense  |                          |            |   |
| UMBRELLA LIABILITY  |  |  |   |  | Each Occurrence<br>Aggregate  |                          |            |   |
| Workers'<br>Compensation<br>AND<br>Employers' Liability   |  |  | EDER'S O  |  | Statutory - Indiana<br>Each Accident<br>Disease Policy Limit                  |                          |            |   |
| OTHER   |  | - 2  |   |  | Disease Each Empl   | oyee                     |            | <del></del>   |
| DESCRIPTION OF OPERATIONS,<br>PLUMBING CONTRACTOR   | OCATIONS, VEHICI   | ES, REST                                     | RICTIONS, AN  | O SPECIAL ITE  | MS  |                          | L          |   |
| 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 obligati   | lieu of such endorsemer<br>canceled before the expi  | nt(s).<br>iration date.                      | the issuing insur   | er will make an o  | effort to notify the ce   |                          |            |   |
| MATTHEW DUDLAK Agent  |  | 06/18/2019<br>Date                           |   |  |   | 219-663-1028<br>Phone    |            |   |
|   |  |  |   |  |   |                          | ,          | 26. C   |

06-996 3-12