

CERTIFICATE OF INSURANCE

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder BRENNER CONCRETE CONSTRUCTION LLC
 Address of policyholder 665 TRENTON CT CROWN POINT IN 46307-5210
 Location of operations SAME
 Description of operations CONCRETE CONTRACTOR

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		
94-FJ-2423-6	Comprehensive Business Liability	01/01/2020	01/01/2021	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence	\$ 1,000,000
				General Aggregate	\$ 2,000,000
				Products - Completed Operations Aggregate	\$ 2,000,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	Each Occurrence	\$
				Aggregate	\$
94-FJ-2615-5	Workers' Compensation and Employers Liability	01/01/2020	01/01/2021	Part 1 STATUTORY Part 2 BODILY INJURY	
				Each Accident	\$ 100,000
				Disease - Each Employee	\$ 100,000
				Disease - Policy Limit	\$ 500,000
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		



THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

LAKE COUNTY PLANNING COMMISSION
 2293 N MAIN ST
 CROWN POINT, IN 46307

2019-086623

2019 Dec 13 2:37 PM

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MICHAEL B BROWN
 RECORDER

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Melissa L. De...

Signature of Authorized Representative
 AGENT 12-13-2019
 Title Date

Agent's Code Stamp

AFO Code 01B1

Brandon Boren, Agent
 6629 W Lincoln Hwy Ste 7
 Crown Point, IN 46307-5170
 Bus 219-322-2010
 brandon@brandonismyagent.net



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