

## CERTIFICATE OF INSURANCE

NAMED INSURED AND ADDRESS: KERIC CONSTRUCTION COMPANY LLC PO BOX 107

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

SCHERERVILLE, IN 46375

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by

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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	Effective	Expiration	Limits of Liability				
	. /	(A/B)	Date	Date					
COMMERCIAL LIABILITY	CPP8118863 16	В	08/06/2019	08(06/2020	General Aggregate		S2,000,000		
[X] Commercial General Liability		ocu	ment	15	ProdComp/OPS	Aggregate	\$2,000,000		
[ X] Occurrence					Personal-Advertisi	ing Injury 🗀	\$1,000,000		
	NIO			TAT	Each Occurrence	00	\$1,000,000		
			FFIC		Fire Ramage (Any	one fire)	\$100,000		
					Med Expense (An	y one person)	\$5,000		
FARM LIABILITY	This Docu	ment	is the n	roperty	Each Occurrence				
[ ] Equine		1 1	_	_	.Vica r.xpensex-an	y one person)			
[ ] Occurrence	the Lal	ke Co	unty Re	corder!		)	<u> </u>		
				001 001 .					
COMM. AUTO LIABILITY	CPP8118863 16	В	08/06/2019	08/06/2020	Each Accident		\$1,000,000		
[ X ] Scheduled Autos					Med Expense	i	\$5,000		
[ ] Hired Autos									
[ ] Non-Owned Autos						1			
FARM AUTO LIABILITY	100				Each Accident	- 70	-		
[ ] Scheduled Autos					Med Expense	<b>4 P</b>			
[ ] Hired Autos					•	0 4	200		
[ ] Non-Owned Autos		1				思工品			
11 10 10 10 10 10 10 10 10 10 10 10 10 1						mP CD	12		
UMBRELLA LIABILITY					Each Occurrence	-0	12000		
			ontiline.		Aggregate	9	$\bigcirc$ $\subseteq$		
WORKERS'	** ** ********************************	100	ER'C		Statutory - Indiana	2	- 20 No.		
COMPENSATIO		Sign	Contraction of the second		-	7100	70		
AND		EC	TO E		Fach Aceident				
EMBI OVEDE LIABILITY		10		A	Disease Policy Lin	III C	6		

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.

DANE R RADOJA	08/12/2019	219-663-1028
Agent	Date	Phone

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OTHER

SCOPE OF WORK: GENERAL CONTRACTOR

DESCRIPTION OF OPERATIONS, LOCANONS, VEHICLES, RESTRICTIONS

[ ] Certificate Holder's Copy [ ] Home Office Copy [ ] Agency Copy [ ] Insured's Copy

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