

**NAMED INSURED AND ADDRESS:**  
 PETE'S PLUMBING LLC  
 9478 W 1225 N  
 DEMOTTE IN 46310-9466

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

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

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 (A/B)	Effective Date	Expiration Date	Limits of Liability	
<b>COMMERCIAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence	BOP8417813 07	B	06/27/2020	06/27/2021	General Aggregate	\$2,000,000
					Prod.-Comp/OPS Aggregate	\$2,000,000
					Personal-Advertising Injury	\$1,000,000
					Each Occurrence	\$1,000,000
					Fire Damage (Any one fire)	\$50,000
					Med Expense (Any one person)	\$5,000
<b>FARM LIABILITY</b> <input type="checkbox"/> Equine <input type="checkbox"/> Occurrence					Each Occurrence	
					Med Expense (Any one person)	
<b>COMM. AUTO LIABILITY</b> <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident	
					Med Expense	
<b>FARM AUTO LIABILITY</b> <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos					Each Accident	
					Med Expense	
<b>UMBRELLA LIABILITY</b>					Each Occurrence	
					Aggregate	
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>					Statutory - Indiana	
					Each Accident	
					Disease Policy Limit	
					Disease Each Employee	
<b>OTHER</b>						



**DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS**  
 SCOPE OF WORK: PLUMBING CONTRACTOR

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.

NINA J LOUISE  
 Agent

07/14/2020  
 Date

219-663-1028  
 Phone

**2020-044502**

2020 Jul 15 9:41 AM

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

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 1629  
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