

# CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company   
 American Family Mutual Insurance Company if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
 St John Pool Center  
 PO Box 21  
 St John, IN 46373

Agent's Name, Address and Phone Number (Agt./Dist.)  
 John D Hamilton  
 6375 Melton Rd  
 Portage, IN 46368  
 (219) 763-2571 (084/552)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
This is to certify that policies of insurance listed below 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 herein is subject to all the terms, exclusions, and conditions of such policies.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo. Day, Yr)	EXPIRATION (Mo. Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$ .000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$ .000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$ .000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$ .000
Workers Compensation and Employers Liability †	13-X34990-90	10/10/2020	10/10/2021	Each Accident \$ 500,000 Disease - Each Employee \$ 500,000 Disease - Policy Limit \$ 500,000 General Aggregate \$ 1,000,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	13-X34990-02	10/10/2020	10/10/2021	Products - Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Damage to Premises Rented to You \$ 1,500,000 Medical Expense (Any One Person) \$ .000
Businessowners Liability				Each Occurrence †† \$ .000 Aggregate †† \$ .000
Liquor Liability				Common Cause Limit \$ .000 Aggregate Limit \$ .000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>	13-X34990-01	10/10/2020	10/10/2021	Bodily Injury - Each Person \$ 1,000,000 Bodily Injury - Each Accident \$ 1,000,000 Property Damage \$ .000 Bodily Injury and Property Damage Combined \$ .000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				\$ .000
Other (Miscellaneous Coverages)				
<b>2020-089088</b>		<b>STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER</b>		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC SWIMMING POOL CONTRACTOR		2020 Dec 4	11:08 AM	
				<input type="checkbox"/> Have individual or partners <input type="checkbox"/> Have insured elected to <input type="checkbox"/> Have not insured under this policy. <input type="checkbox"/> Have not †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.



<b>CERTIFICATE HOLDER'S NAME AND ADDRESS</b> LAKE COUNTY PLANNING COMMISSION 2293 MAIN ST CROWN POINT, IN 46307	<b>CANCELLATION</b> <input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *( ) days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
25 20649 AS	DATE ISSUED 11/18/2020
AUTHORIZED REPRESENTATIVE John Hamilton	