

## CERTIFICATE OF INSURANCE

NAMED INSURED AND ADDRESS: HUIZENGA STAIRS INC 2605 GARFIELD AVE UNIT C HIGHLAND IN 46322-1748

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 l	been issued	to the Named In	sured by			
A UFB CASUALTY INSURANCE COMPANY B			UNITED FARM FAMILY MUTUAL INSURANCE COMPANY				
The policies of insurance listed on this requirement, term or condition of any by the policies described is subject to a Certificate of Insurance does not const it affirmatively or negatively amend, ex	contract or other docum Il terms, exclusions and d itute a contract between	nent with resconditions of the issuing	spect to which the of such policies. A insurer(s), author	is Certificate ma Aggregate limits : crized representa	y be issued or may pertain, the insur- shown may have been reduced by pa	ance afforded id claims. This	
Type of Insurance	Policy Number	(A/B)	Effective Date	Expiration Date	Limits of Liability		
[X] Commercial General Liability [X] Occurrence	BOP8414192 11		04/22/2020 <b>1men</b> <b>FFI</b>	04/22/2021 t is	General Aggregate ProdComp/OPS Aggregate Personal-Advertising Injury Each Occurrence Pire Damage (Any one fire) Med Expense (Any one person)	\$2,000,000 \$2,000,000 \$1,000,000 \$1,000,000 \$50,000 \$5,000	
FARM LIABILITY	NU	IU	FFIL		Fach Courrence	\$2,000	
[ ] Equine [ ] Occurrence	This Doc				Med Expense (Any one person)		
COMM. AUTO LIABILITY [X] Scheduled Autos [ Hired Autos	CAP8503278 05	akę C	04/22/ <b>2</b> 020	corder 04/22/2021	Each Accident Med Expense	\$1,000,000 \$5,000	
Non-Owned Autos					200	9	
FARM AUTO LIABILITY  [ ] Scheduled Autos  [ ] Hired Autos  [ ] Non-Owned Autos	5				Each Accident Med Expense		
UMBRELLA LIABILITY					Each Occurrence Aggregate		
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC 8321008 10	B	014/22/2020 014/22/2020	04/22/2021	Statutory - Indiana Each Accident Disease Policy Limit Disease Each Employee	\$500,000 \$500,000 \$500,000	
OTHER							
DESCRIPTION OF OPERATIONS, CONSTRUCTION & CARPENTRY	LOCATIONS, VEHIC SPECIFIC TO STAIRS	LES, REST	WDIANA HILLI	Ö SPECIAL IT	EMS .		
If subrogation is waived, subject to the confer rights to the certificate holder in	n lieu of such endorseme	ent(s).					
Should any of the described policies be failure to do so shall impose no obligat	canceled before the exp tion or liability of any ki	oiration date and upon the	e, the issuing insu e insurer, its agen	rer will make an its or representat	effort to notify the certificate holder ives.	named, but	
JAMES R JUAREZ			06/05/2020		219-924-0131		
Agent			Date		Phone	Phone	
202	0-089104		ATE OF INDI	TY	~ *	į,	

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

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