

# NOT AN OFFICIAL DOCUMENT



## CERTIFICATE OF INSURANCE United Farm Family Mutual Insurance Company

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Family Mutual Insurance Company. This Certificate does not constitute a contract between the issuing insurer, agent or representative and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed.

### NAMED INSURED AND MAILING ADDRESS

RHL WOODWORKS  
3936 RIVERDALE AVE.  
LAKE STATION, IN 48405

### CERTIFICATE ISSUED TO

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

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. If the certificate holder is an Additional Insured, the policy(ies) must be endorsed. A statement on this Certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands	
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> _____ <input type="checkbox"/> _____	BOP8226425	10-24-2021	10-24-2022	General Aggregate Prod.-Comp./CPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)	\$ 2,000 \$ 2,000 \$ 100 \$ 1,000 \$ 50 \$ 5
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____				CSL \$	
<b>UMBRELLA LIABILITY</b>				Each Occurrence \$	Aggregate \$
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC8337205	10-31-2021	10-31-2022	Statutory - Indiana \$50 \$50 \$50	(Each Accident) (Disease Policy Limit) (Disease-Each Employee)
<b>OTHER</b>				\$	

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS  
CARPENTRY 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 cancelled 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.

11-29-2021  
Date

64E7  
Agent Code

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2021-069047

11:57 AM 2021 Nov 28

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