

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**

Elite Pro Painting Inc  
 383 Williams Ct  
 Avon IN 46123

**CERTIFICATE ISSUED TO**

Danforth Development LLC  
 383 Williams Ct  
 Avon IN 46123

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).

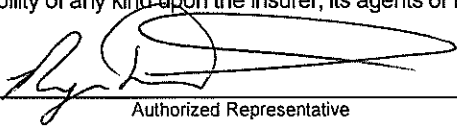
Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands	
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> _____ <input type="checkbox"/> _____	CPP 8164485	08-24-2018	08-24-2019	General Aggregate \$ 1000 Prod.-Comp/OPS Aggregate \$ 1000 Personal-Advertising Injury \$ 2000 Each Occurrence \$ 2000 Fire Damage (Any one fire) \$ 100 Med Expense (Any one person) \$ 5	
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____	CPP 8164485	08-24-2018	08-24-2019	CSL \$1000	
<b>UMBRELLA LIABILITY</b>				Each Occurrence \$ Aggregate \$	
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC 8334737	08-24-2018	8-24-2019	Statutory - Indiana \$500 (Each Accident) \$500 (Disease Policy Limit) \$500 (Disease-Each Employee)	
<b>OTHER</b>				\$	

**DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS**

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.

08-28-2018  
 Date

  
 Authorized Representative

4146  
 Agent Code