

CERTIFICATE OF INSURANCE:

CSR LT 09/01/95

PRODUCER
Ron J. Prestamer Agency, Inc.
 7207 Indianapolis Blvd., Ste 1
 Hammond, IN
 46324
 PHONE 219-844-0103

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 BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

Jack Beck Corporation
 215 Marble Street
 Hammond IN
 46327

- COMPANY LETTER A **General Accident Insurance Co.**
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

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 TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
	GENERAL LIABILITY				
A	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	CGL 4937261	07/01/95	07/01/96	GENERAL AGGREGATE 2,000,000 PROD-COMP/OP AGG. 2,000,000 PERS. & ADV. INJURY 1,000,000 EACH OCCURRENCE 1,000,000 FIRE DAMAGE (ANY ONE FIRE) 50,000 MED. EXPENSE (ANY ONE PERSON) 5,000 COMB. SINGLE LIMIT 1,000,000
X	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>	BA 0139844	07/01/95	07/01/96	BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE EACH OCCURRENCE 1,000,000 AGGREGATE 1,000,000
X	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	XC 0097544	08/25/95	08/25/96	STATUTORY LIMITS EACH ACCIDENT 500,000 DISEASE-POL. LIMIT 500,000 DISEASE-EACH EMP. 500,000
A	WORKERS' COMP AND EMPLOYERS' LIAB	WC 0029465	07/01/95	07/01/96	
A	OTHER Commercial Inland Marine	CIM 0082598	07/26/95	07/26/96	5000 \$250 Ded.



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

All operations of the Insured.

CERTIFICATE HOLDER

LAKE COUNTY / INDIANA
PLANNING COMMISSION
BEN NUZZO, PLAN ADMINISTRATOR
 2293 N. MAIN STREET
 CROWN POINT IN
 46307

CANCELLATION

- = SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ron J. Prestamer
Ron J. Prestamer

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 STATE OF INDIANA
 LAKE COUNTY RECORDER
 FILED
 11 PM 11:30

4.20