

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

07/29/1995

PRODUCER

Walter W. Schultz Agency, Inc.
18119 Torrence Avenue
Lansing, IL 60438
(708)474-1310

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

95054134

INSURED

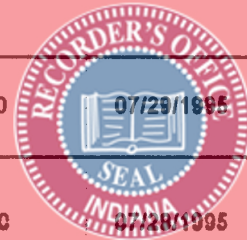
Barton Glass Inc
2121 Gettler St
Dyer, IN 46311

- COMPANY LETTER **A** American States Insurance Comp
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

COVERAGES

THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	DESCRIPTION	AMOUNT
A	GENERAL LIABILITY	01 CD 653567-2	07/29/1995	07/29/1996	GENERAL AGGREGATE	2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT				PRODUCTS-COMP/OP AGG 2,000,000 PERSONAL & ADV. INJURY 1,000,000 EACH OCCURRENCE 1,000,000 FIRE DAMAGE (Any one fire) 50,000 MED EXPENSE (Any one person) \$ 10,000	
A	AUTOMOBILE LIABILITY	01 CD 653567-2	07/29/1995	07/29/1996	COMBINED SINGLE LIMIT	\$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS GARAGE LIABILITY				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
A	EXCESS LIABILITY	01-SU-173280-20	07/29/1995	07/29/1996	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM				AGGREGATE	\$ 1,000,000
A	WORKER'S COMPENSATION	01 WC 737664-20	07/29/1995	07/29/1996	STATUTORY LIMITS	
	AND EMPLOYERS' LIABILITY				EACH ACCIDENT \$ 500,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 500,000	



RECORDED
 25 SEP 13 AM 9:48
 LAKE COUNTY INDIANA
 FILED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
 Contact: Building Dept
 Lake County Government Office
 2293 N Main
 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 10 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
Walter W. Schultz Agency, Inc.