

**CERTIFICATE OF INSURANCE:**

09/20/95

**ROB J. PRESTANER 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.

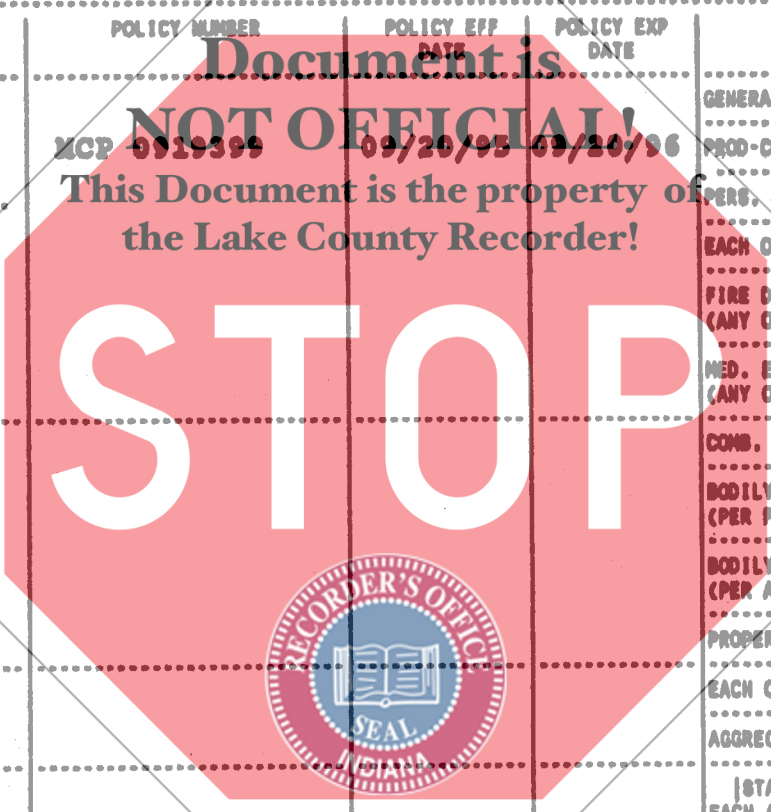
**COMPANIES AFFORDING COVERAGE**

- COMPANY LETTER A **General Accident Insurance Co.**
- COMPANY LETTER B **Western Surety Company 1317330**
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

**INSURED**  
 Karl Walker  
 DBA Walker Electric  
 6703 New Jersey Street  
 Hammond IN  
 46323

**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
	<b>GENERAL LIABILITY</b>				
A	<input type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE (X) OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	MCP 0919399	09/20/95	09/20/96	GENERAL AGGREGATE 5,000,000 PROD-COMP/OP AGG. 3,000,000 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
	<b>AUTOMOBILE LIAB</b>				
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				COMB. SINGLE UNIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE EACH OCCURRENCE AGGREGATE
	<b>EXCESS LIABILITY</b>				
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	<b>WORKERS' COMP AND EMPLOYERS' LIAB</b>				
B	<b>OTHER</b> Lake County Unified License	Bond 42724752	09/20/95		\$5000.00



95  
 \$5 SEP 21 PM 3:10  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 RECORDER

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 Buildings. **Electrical Wiring Within**

**CERTIFICATE HOLDER** City of Hammond Indiana

**CANCELLATION**  
 ■ SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 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. Prestaner

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