

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

08/07/95

PRODUCER

**Brockhaus, Stuber, Fox & Lloyd**  
 10933 B. Central Ave. Ste 2000  
 Oak Lawn IL 60453

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 <b>A</b>	<b>American Country Insurance Co.</b>
COMPANY LETTER <b>B</b>	
COMPANY LETTER <b>C</b>	
COMPANY LETTER <b>D</b>	
COMPANY LETTER <b>E</b>	

INSURED

**Arco Electric Company**  
**Art Palerao**  
 11330 South Front Street  
 Chicago IL 60628

## 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)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$2000000
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT.	CN2559	07/19/95	07/19/96	PRODUCTS-COMP/OP AGG. \$1000000 PERSONAL & ADV. INJURY \$1000000 EACH OCCURRENCE \$1000000 FIRE DAMAGE (Any one fire) \$50000 MED. EXPENSE (Any one person) \$5000
A X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	CB06474	07/19/95	07/19/96	COMBINED SINGLE LIMIT \$1000000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
A X	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	ACE2480	07/19/95	07/19/96	EACH OCCURRENCE \$1000000 AGGREGATE \$1000000
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	EL6678	07/19/95	07/19/96	X STATUTORY LIMITS EACH ACCIDENT \$50000 DISEASE-POLICY LIMIT \$50000 DISEASE-EACH EMPLOYEE \$500000
	OTHER				



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORDER  
 MARGARET E. C. STETLAND  
 RECORDER  
 95 SEP 28 AM 8:00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

## CERTIFICATE HOLDER

**LAKE COUNTY OF INDIANA**  
 2293 NORTH MAIN STREET  
 CROWN POINT IN 64307

## 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 *Gary F. Brockhaus*  
**Gary F. Brockhaus**