

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
10/31/95

PRODUCER **Poe & Associates, Inc.**
3207 Willowcreek Road Suite B
Portage, IN 46368
(219) 763-1578

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

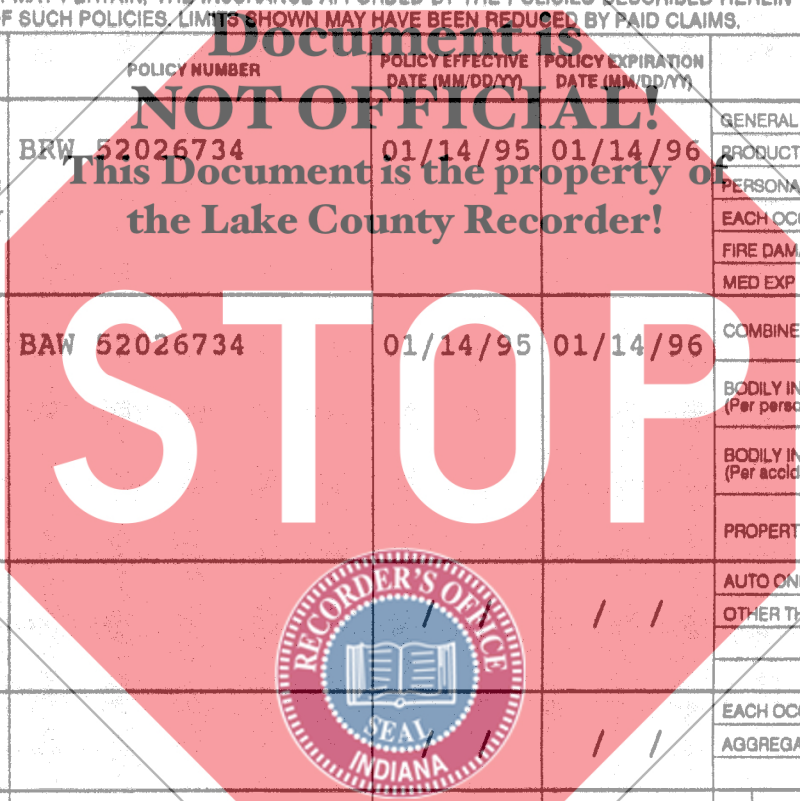
- COMPANY A WEST AMERICAN INSURANCE
- COMPANY B
- COMPANY C
- COMPANY D

INSURED
Cutler, Ronald
D/B/A Allied Air
6737 Central Ave Unit A
Portage IN 46368
(219) 763-3468

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	BRW 52026734	01/14/95	01/14/96	GENERAL AGGREGATE \$500,000 PRODUCTS - COMP/OP AGG \$500,000 PERSONAL & ADV INJURY \$500,000 EACH OCCURRENCE \$500,000 FIRE DAMAGE (Any one fire) \$50,000 MED EXP (Any one person) \$5,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BAW 52026734	01/14/95	01/14/96	COMBINED SINGLE LIMIT \$500,000 BODILY INJURY (Per person) \$500,000 BODILY INJURY (Per accident) \$500,000 PROPERTY DAMAGE \$500,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT \$500,000 OTHER THAN AUTO ONLY: EACH ACCIDENT \$500,000 AGGREGATE \$500,000
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM		/ /	/ /	EACH OCCURRENCE \$500,000 AGGREGATE \$500,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	XWO 52026734	01/14/95	01/14/96	STATUTORY LIMITS EACH ACCIDENT \$100,000 DISEASE - POLICY LIMIT \$500,000 DISEASE - EACH EMPLOYEE \$100,000
	OTHER		/ /	/ /	



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95 NOV 28 12:00
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
Lake County
Recorders Office
2293 N. Main St.
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
Wanda L. Jordan