

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/03/95

PRODUCER
Lou Palanca/Hi-Way Insurance Center
1027 Dixie Highway
Chicago Heights, IL. 60411

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

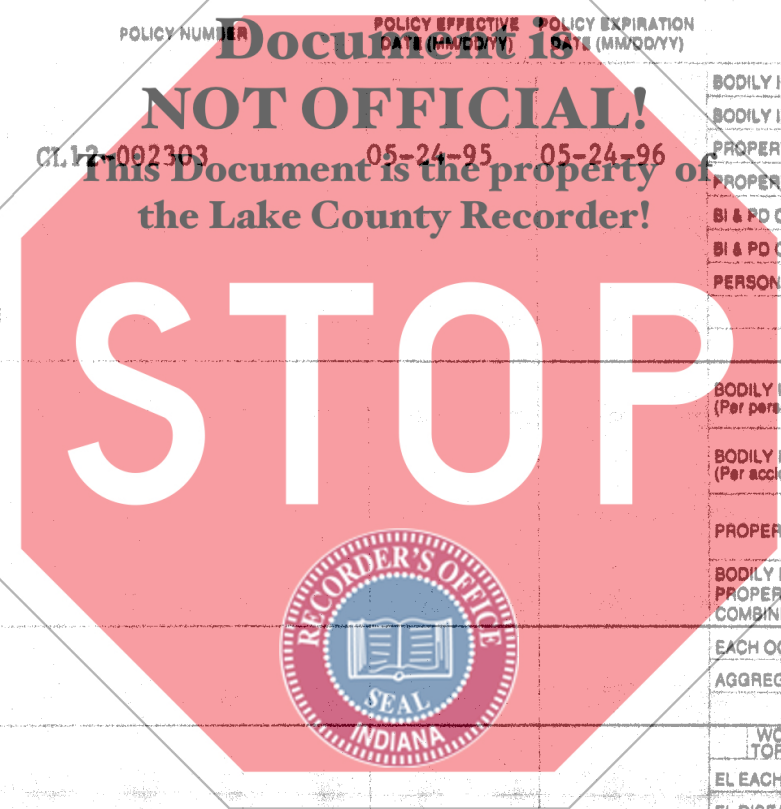
INSURED
Joseph J. Ercoli
2858 F. Pine Drive
Crete, IL. 60417

COMPANY A Economy Fire & Casualty
COMPANY B
COMPANY C
COMPANY D

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
A	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				
	PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD	CL12-002303	05-24-95	05-24-96	BODILY INJURY OCC \$
	PRODUCTS/COMPLETED OPER CONTRACTUAL				BODILY INJURY AGG \$
	INDEPENDENT CONTRACTORS				PROPERTY DAMAGE OCC \$
	BROAD FORM PROPERTY DAMAGE				PROPERTY DAMAGE AGG \$
	PERSONAL INJURY				BI & PD COMBINED OCC \$ 500,000
					BI & PD COMBINED AGG \$ 500,000
					PERSONAL INJURY AGG \$ 500,000
	AUTOMOBILE LIABILITY				
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS (Private Pass)				BODILY INJURY (Per accident) \$
	ALL OWNED AUTOS (Other than Private Passenger)				PROPERTY DAMAGE \$
	HIRED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED \$
	NON-OWNED AUTOS				EACH OCCURRENCE \$
	GARAGE LIABILITY				AGGREGATE \$
	EXCESS LIABILITY				
	UMBRELLA FORM				WC STATUTORY LIMITS OTHER
	OTHER THAN UMBRELLA FORM				EL EACH ACCIDENT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				EL DISEASE - POLICY LIMIT \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE	INCL			EL DISEASE - EA EMPLOYEE \$
	OTHER	EXCL			



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95 NOV - 3 PM 3:03
 MARGARETTE CLEVELAND
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
Lake County Plan Commission
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
John F. Palanca

CK# 107