

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
11/09/95

PRODUCER

Great Lakes Agency
120 South Riverside Plaza
Chicago, IL 60606

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** Royal Insurance Co.

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

950696

INSURED

City Tank and Pump Inc.
7350 Channel Road
Skokie, IL 60076

TLJ

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"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTORS PROT.	PSP729038	06/26/95	06/26/96	GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS-COMP/OP AGG. \$ 1,000,000
					PERSONAL & ADV. INJURY \$ 500,000
					EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 500,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 500,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ 500,000
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$ 500,000
	<input type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE \$ 500,000
	<input type="checkbox"/> NON-OWNED AUTOS				AGGREGATE \$ 500,000
	<input type="checkbox"/> GARAGE LIABILITY				STATUTORY LIMITS
A	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$ 500,000
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	(96)PCS346180	06/26/95	06/26/96	DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 500,000
	OTHER				



STATE OF INDIANA
LAKE COUNTY
RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

THE VILLAGE OF SCHERERVILLE
833 WEST LINCOLN HIGHWAY
SCHERERVILLE, IN 46375
SUITE B - 20W

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

[Signature]

Great Lakes Agency, Incorporated

[Handwritten initials]
920
CS
SK