CARLSONS ELECTRIC 141 E. COMMERCIAL AVE. LOWELL, IN 46356			ONLY AND HOLDER. 1 ALTER THE	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 INDIANA FARMERS MUTUAL INSURANCE CO.				
			COMPANY B WESTERN SURETY COMPANY					
			COMPANY	1				
7		1						
	INDICATED, NOTWITHSTANDING CERTIFICATE MAY BE ISSUED OR	DLICIES OF INSURANCE LISTED BELOW IN ANY REQUIREMENT, TERM OR CONDITION OF THE INSURANCE AFFOR IF SUCH POLICIES, LIMITS SHOWN MAY	DED BY THE POLIC	KCT OR OTHER DO	REIN IS SUBJECT TO ALL T	A 441.4	VIII IIIV	
Ī	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMIT	*		
٠	GENERAL LIABILITY	/_ /			GENERAL AGGREGATE	\$	2,000,000	
f		29-50-800421 NOTO	F 331.5C	A8-31-65	PRODUCTS - COMPIOP AGG	•	2,000,000	
r	CLAIMS MADE X OCCUR		4 10 410 0		PERSONAL & ADV INJURY	8	1,000,000	
١	X OWNER'S & CONTRACTOR'S PROT	This Documen	_	_		1	1,000,000	
ľ		the Lake Co	ounty Rec	corder!	FIRE DAMAS(I (Any one fire)	1	50,000	
					MED EXP (Any one person)	8	5,000	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	•		
-	ANY AUTO					1.		
-	ALL OWNED AUTOS				(Per person)	•	- ප	
-	SCHEDULED AUTOS						9	
ŀ	HIRED AUTOS				BOOILY INJURY (Per accident)	•	(C)	
	NON-OWNED AUTOS				PROPERTY DAMAGE	•	93	
ļ			TO DICEON		AUTO ONLY - EA ACCIDENT	8		
ŀ	GARAGE LIABILITY	JEK'S	DEW O		OTHER THAN AUTO ONLY:			
	ANY AUTO				EACH ACCIDENT	8		
	Come Businesses Annabled (20) in the state date (2) and the second date (2) and (2) and (2) also also into				AGGREGATE	8		
1	EXCESS LIABILITY	04 00 002777	00 2 B 05 3	2-6-96	EACH OCCURRENCE	18	1,000,000	
1	X UMBRELLA FORM	91-69-602777	A STATE OF THE STA	2000	AGGREGATE	18	1,000,000	
	OTHER THAN UMBRELLA FORM	100	VOIANA			1		
-	WORKER'S COMPENSATION AND			/	York William X PE		41	
	EMPLOYERS' LIABILITY	29-24-014741	8-25-95	8-25-96	EL EACH ACCIDENT	1.2		
	THE PROPRIETOR/ PARTNERS/EXECUTIVE X INCL				EL DISEASE - POLICY LIMIT	1000		
					EL DISEASE · EA EMPLOYE	*	- 50 0,00	
	OFFICERS ARE EXCL			1-1-97	\$5,000) 93m 4	
		41439403	1-1-96	1-1-8/		H		
	OFFICERS ARE EXCL OTHER LAKE COUNTY LICENSE	41439403	1-1-96	1-1-87		JE 9		