

ACORD. CERTIFICATE OF INSURANCE

CSR MH
ARONF-1

DATE (MM/DD/YY)
11/13/95

PRODUCER

T.M. Edwards & Assoc., Inc.
648 Joliet St. P.O. Box 146
Dyer IN 46311

Thomas M. Edwards
219-865-2221

INSURED

Aron Farmer dba
Aron Farmer Pump & Well
13135 W. Lakeshore Drive
Cedar Lake IN 46303

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.

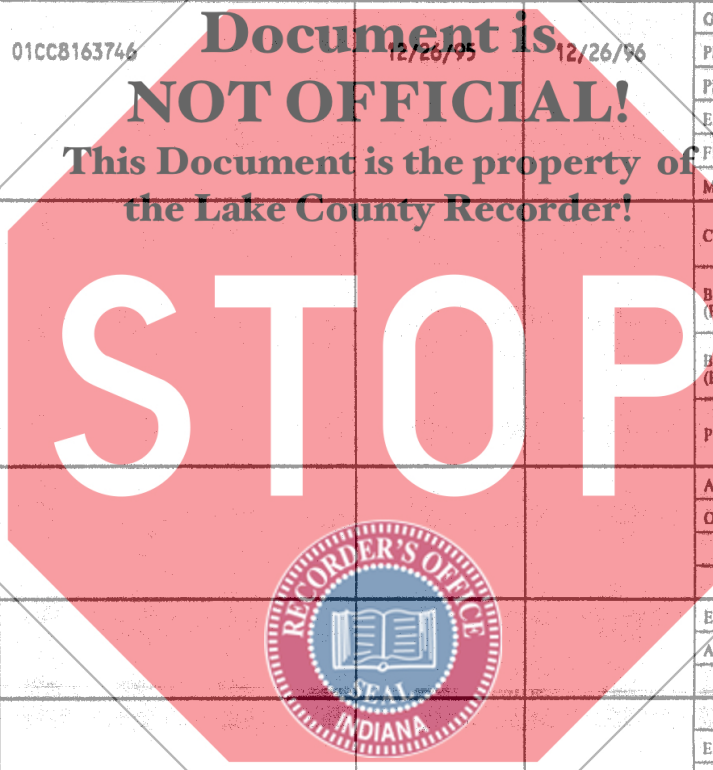
COMPANIES AFFORDING COVERAGE

COMPANY A	American States Ins. Company
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	<input checked="" type="checkbox"/> GENERAL LIABILITY	01CC8163746	12/26/95	12/26/96	GENERAL AGGREGATE \$ 1,000,000
	<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				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY				PERSONAL & ADV INJURY \$ 500,000
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ 500,000
	<input type="checkbox"/> ALL OWNED AUTOS				FIRE DAMAGE (Any one fire) \$ 500,000
	<input type="checkbox"/> SCHEDULED AUTOS				MED EXP (Any one person) \$ 500,000
	<input type="checkbox"/> HIRED AUTOS				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ANY AUTO				PROPERTY DAMAGE \$
	<input type="checkbox"/> EXCESS LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> UMBRELLA FORM				OTHER THAN AUTO ONLY:
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				AGGREGATE \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH OCCURRENCE \$
	OTHER				AGGREGATE \$
					STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95 NOV 19 AM 11:31
 MARGARETTE OLIVEAID
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKEC-1

Lake County
Lake County IN

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

Thomas M. Edwards
ACORD CORPORATION 1993