

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11-15-95

PRODUCER

Lump Insurance Agency, Inc.
112 Mill St.
Lowell, IN 46356

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

CODE

SUB-CODE

INSURED

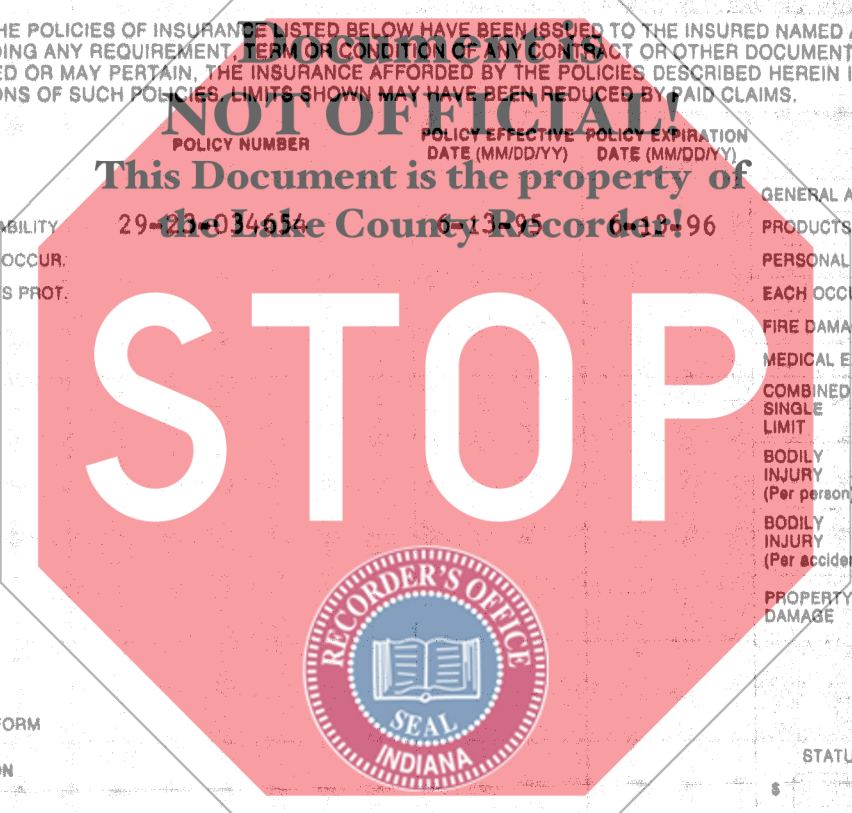
Carl Matury
DBA/Carl Matury Construction
353 N. Nichols St.
Lowell, IN 46356

- COMPANY LETTER **A** Indiana Farmers Mutual Insurance
- COMPANY LETTER **B** Western Surety Co.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

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) | ALL LIMITS IN THOUSANDS |
|--------|--|--------------------------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR. OWNER'S & CONTRACTOR'S PROT. | 29-23-034654 | 0-1-95 | 0-1-96 | GENERAL AGGREGATE \$ 500 PRODUCTS-COMP/OPS AGGREGATE \$ Exc. PERSONAL & ADVERTISING INJURY \$ 500 EACH OCCURRENCE \$ 500 FIRE DAMAGE (Any one fire) \$ 500 MEDICAL EXPENSE (Any one person) \$ 50 COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ EACH OCCURRENCE \$ AGGREGATE \$ |
| B | EXCESS LIABILITY OTHER THAN UMBRELLA FORM WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY OTHER | License & Permit Bond 60401847 | 1-1-96 | 1-1-97 | STATUTORY (EACH ACCIDENT) \$ (DISEASE-POLICY LIMIT) \$ (DISEASE-EACH EMPLOYEE) \$ \$ 5 |



95069819
 MARGARETTE CLEVELAND
 RECORDER
 95 NOV 15 AM 11:38
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

CERTIFICATE HOLDER

Lake County Plan Commission
Lake County Government Center
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

Donald W. Lump 9/00/95