



STATE OF INDIANA
LA CERTIFICATE OF INSURANCE
FILED FOR RECORD

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Bureau Mutual Insurance Company. This Certificate is issued as a matter of public policy and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

95070241

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NAMED INSURED AND MAILING ADDRESS

CERTIFICATE ISSUED TO
MARGARETTE CLEVELAND
RECORDER

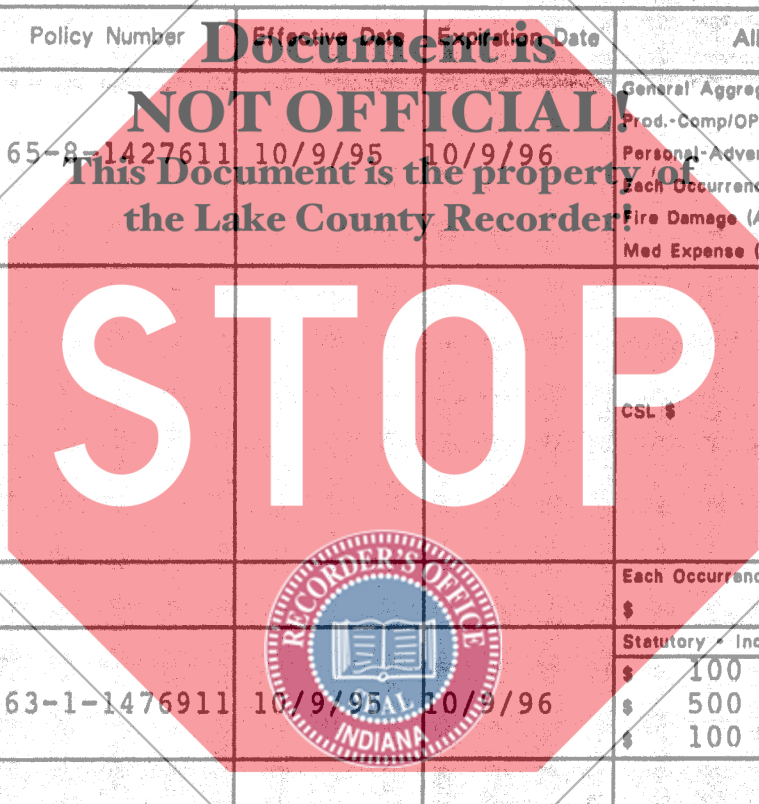
Lake County Planning Commission
2293 North Main Street
Crown Point, IN 46307

Steuer, Scott D
1707 Evans Avenue
Valparaiso, IN 46383

COVERAGES

THIS IS TO CERTIFY THAT 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.

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands	
GENERAL LIABILITY				General Aggregate	\$1,000
<input checked="" type="checkbox"/> Commercial General Liability				Prod.-Comp/OPS Aggregate	\$1,000
<input checked="" type="checkbox"/> Occurrence	65-8-1427611	10/9/95	10/9/96	Personal-Advertising Injury	\$ 500
<input type="checkbox"/> Owners & Contractors Protect.				Each Occurrence	\$ 500
<input type="checkbox"/>				Fire Damage (Any one fire)	\$ 50
<input type="checkbox"/>				Med Expense (Any one person)	\$ 5
AUTOMOBILE LIABILITY					
<input type="checkbox"/> Any Auto					
<input type="checkbox"/> All Owned Autos					
<input type="checkbox"/> Owned Pvt Pass Autos Only					
<input type="checkbox"/> Owned Other Than Pvt Pass					
<input type="checkbox"/> Scheduled Autos					
<input type="checkbox"/> Hired Autos					
<input type="checkbox"/> Non-Owned Autos					
<input type="checkbox"/>					
UMBRELLA LIABILITY				Each Occurrence	
				\$	Aggregate
					\$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				Statutory - Indiana	
	63-1-1476911	10/9/95	10/9/96	\$ 100	(Each Accident)
				\$ 500	(Disease Policy Limit)
				\$ 100	(Disease-Each Employee)
OTHER					



DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS

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, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

11/15/95
Date

Ralph Schultz
Authorized Representative

Only Agency Managers, Assistant Agency Managers and Authorized Home Office personnel may sign the Certificate on behalf of the Company.

9/25/95