

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/15/1995

PRODUCER

Yaste Zent & Rye
P. O. Box 1367
Ft. Wayne, IN 46801
(219) 423-1591

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** MONROE GUARANTY CO
- COMPANY LETTER **B** CENTURY SURETY
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

SPECIALTY CONVEYANCE SERVICES INC.
P. O. BOX 8980
FORT WAYNE, IN 46898

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
B	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	COP 121366	12/07/95	12/07/96	GENERAL AGGREGATE \$ 1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV. INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> \$2,500 DEDT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 0
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> ANY AUTO	MQ205712B	12/08/95	12/08/96	BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				AGGREGATE \$
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM	NOT COVERED			
	OTHER THAN UMBRELLA FORM				
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	MQ205712W	12/08/95	12/08/96	<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT \$ 100,000
					DISEASE - POLICY LIMIT \$ 50,000
					DISEASE - EACH EMPLOYE \$ 100,000
	OTHER				



95070346
 95 NOV 17 AM 8:31
 FILED FOR RECORD
 CLERK OF INDIANA
 LAKE COUNTY
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
ATTN: BEN NUZZO

CERTIFICATE HOLDER

LAKE COUNTY LICENSING DEPT.
LAKE COUNTY PLAN COMMISSION
2293 N MAIN STREET
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

Gerald A. Doble 900

CK#8725 100