

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/13/95

PRODUCER

Pletcher Insurance, Inc.
140 W. Mishawaka Rd.
Elkhart, IN 46517

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** Employers Mutual
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

95071051

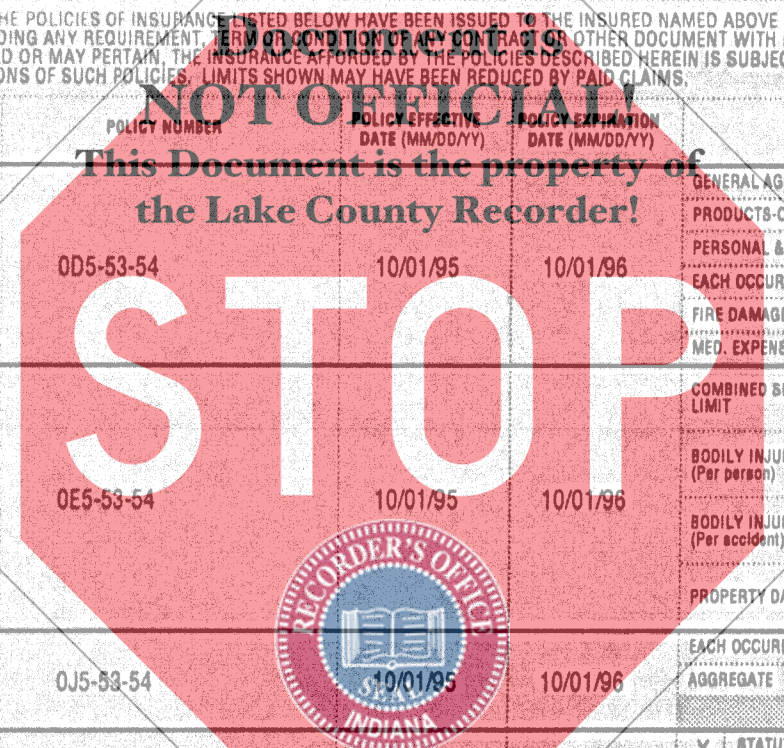
INSURED

Apple Valley, Inc.
108 McIntosh, Lot 500
Hebron, IN 46341

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	0D5-53-54	10/01/95	10/01/96	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGGR. \$ 2,000,000
A	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	0E5-53-54	10/01/95	10/01/96	PERSONAL & ADV. INJURY \$ 500,000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 500,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	0E5-53-54	10/01/95	10/01/96	FIRE DAMAGE (Any one fire) \$ 50,000
	<input checked="" type="checkbox"/> ANY AUTO				MED. EXPENSE (Any one person) \$ 5,000
A	<input checked="" type="checkbox"/> ALL OWNED AUTOS	0J5-53-54	10/01/95	10/01/96	COMBINED SINGLE LIMIT \$ 2,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$ 2,000,000
A	<input checked="" type="checkbox"/> HIRED AUTOS	0H5-53-54	10/01/95	10/01/96	BODILY INJURY (Per accident) \$ 2,000,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE \$ 2,000,000
A	<input checked="" type="checkbox"/> EXCESS LIABILITY	0H5-53-54	10/01/95	10/01/96	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 2,000,000
A	<input checked="" type="checkbox"/> WORKER'S COMPENSATION	0H5-53-54	10/01/95	10/01/96	<input checked="" type="checkbox"/> STATUTORY LIMITS
	<input checked="" type="checkbox"/> AND EMPLOYERS' LIABILITY				EACH ACCIDENT \$ 500,000
A	OTHER				DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 500,000



STATE OF INDIANA
LAKE COUNTY
RECORDED
95109 21
APR 10 4 9

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Dealer #AX0411LA

CERTIFICATE HOLDER

Lake County & all Cities
and Towns Therein
2293 N. Main
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

Risa G. White

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