

# ACORD. CERTIFICATE OF INSURANCE

OP ID 14 ISSUE DATE (MM/DD/YY)

HOFFM-1

11/20/95

**PRODUCER**

CONNOLLY FORD BOWER & LEPPERT  
Post Office Box 441099  
Indianapolis IN 46244-1099

Lawrence L. Connolly  
317-236-6161

**INSURED**

Dall & More  
Michael Hoffman  
229 Plum Creek Drive  
Schererville IN 46375

**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**

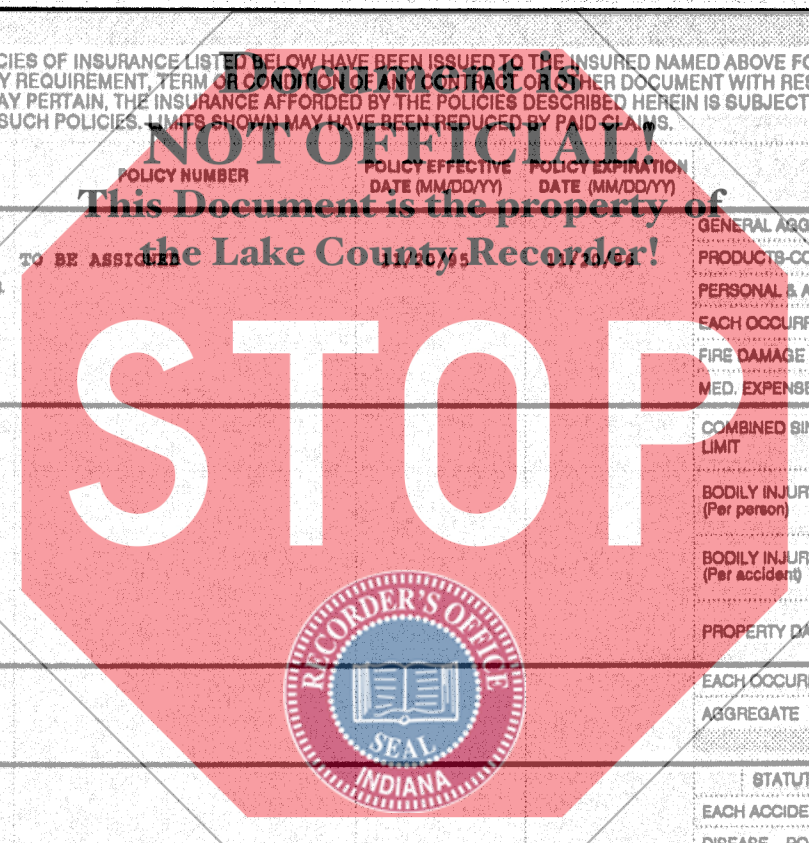
|                |   |                               |
|----------------|---|-------------------------------|
| COMPANY LETTER | A | Motorists Insurance Companies |
| COMPANY LETTER | B |                               |
| COMPANY LETTER | C |                               |
| COMPANY LETTER | D |                               |
| COMPANY LETTER | E |                               |

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**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 X    | GENERAL LIABILITY<br>COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE x OCCUR.<br>OWNER'S & CONTRACTOR'S PROT.                    | TO BE ASSIGNED | 11/20/95                         | 11/20/95                          | GENERAL AGGREGATE \$ 50,000.00<br>PRODUCTS-COMP/OP AGG. \$ 50,000.00<br>PERSONAL & ADV. INJURY \$ 50,000.00<br>EACH OCCURRENCE \$ 50,000.00<br>FIRE DAMAGE (Any one fire) \$ 50,000.00<br>MED. EXPENSE (Any one person) \$ 5,000.00<br>COMBINED SINGLE LIMIT \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE \$<br>EACH OCCURRENCE \$<br>AGGREGATE \$ |
|        | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS<br>GARAGE LIABILITY |                |                                  |                                   | STATUTORY LIMITS<br>EACH ACCIDENT \$<br>DISEASE— POLICY LIMIT \$<br>DISEASE— EACH EMPLOYEE \$   |
|        | EXCESS LIABILITY<br>UMBRELLA FORM<br>OTHER THAN UMBRELLA FORM  |                |                                  |                                   |   |
|        | WORKER'S COMPENSATION<br>AND<br>EMPLOYERS' LIABILITY   |                |                                  |                                   |   |
|        | OTHER  |                |                                  |                                   |   |



95 NOV 21 PM 2:03  
FILED FOR RECORD  
LAKE COUNTY  
STATE OF INDIANA

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**CERTIFICATE HOLDER**

Lake County

**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

Lawrence L. Connolly

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