

# ACCORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

04/14/95

**PRODUCER**

Spitz & Miller Insurance  
Agency Inc.  
101 West Columbia  
Griffith IN 46319-

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** American States Insurance
- COMPANY LETTER **B** Hartford Underwriters Ins
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**INSURED**

Valentine DePaula  
9080 Patterson St.  
St. John IN 463730000

**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	GENERAL LIABILITY	81CD-842317-20	01/28/95	04/28/96	GENERAL AGGREGATE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1000000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 500000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 500000
	AUTOMOBILE LIABILITY				FIRE DAMAGE (Any one fire) \$ 500000
	ANY AUTO				MED. EXPENSE (Any one person) \$ 50000
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$
	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON OWNED AUTOS				PROPERTY DAMAGE \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	EXCESS LIABILITY				AGGREGATE \$
	UMBRELLA FORM				STATUTORY LIMITS
	OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$
B	WORKER'S COMPENSATION	77WZKV 0785	01/06/95	01/06/99	DISEASE - POLICY LIMIT \$
	AND EMPLOYERS' LIABILITY				DISEASE - EACH EMPLOYEE \$
	OTHER				



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 LAKE COUNTY RECORDER

**CERTIFICATE HOLDER**

Lake County Plan Commission  
2293 N. Main St  
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

Richard C. Miller, Jr.

*Richard C. Miller, Jr.*

ACCORD CORPORATION 1990