

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
11-27-95

**PRODUCER**  
  
FAGEN-RASCHER, INC.  
9231 WICKER AVENUE-SUITE A  
ST. JOHN, INDIANA 46373

**INSURED**  
  
GLOVER & SONS, INC.  
12351 CALUMET AVENUE  
CEDAR LAKE, INDIANA 46303

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.

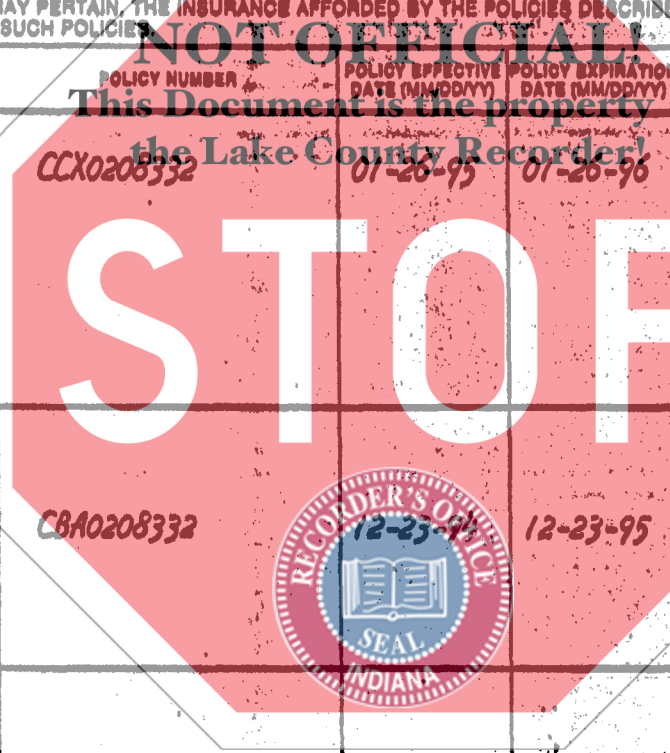
## COMPANIES AFFORDING COVERAGE

COMPANY LETTER <b>A</b>	GENERAL CASUALTY
COMPANY LETTER <b>B</b>	
COMPANY LETTER <b>C</b>	
COMPANY LETTER <b>D</b>	
COMPANY LETTER <b>E</b>	

9507178

**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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CCX0208332	01-26-95	01-26-96	BODILY INJURY OCC.
	COMPREHENSIVE FORM				BODILY INJURY AGG.
	PREMISES/OPERATIONS				PROPERTY DAMAGE OCC.
	UNDERGROUND				PROPERTY DAMAGE AGG.
	EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED OCC.
	PRODUCTS/COMPLETED OPER.				BI & PD COMBINED AGG.
	CONTRACTUAL				PERSONAL INJURY AGG.
	DEPENDENT CONTRACTORS				
	ADDITIONAL FORM PROPERTY DAMAGE				
	PERSONAL INJURY				
A	AUTOMOBILE LIABILITY	CBA0208332	12-23-95	12-23-95	BODILY INJURY (Per person)
	AUTOMOBILE OWNED AUTOS (Priv. Pass.)				BODILY INJURY (Per accident)
	AUTOMOBILE OWNED AUTOS (Other Than Priv. Pass.)				PROPERTY DAMAGE
	AUTOMOBILE UNOWNED AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED
	AUTOMOBILE LIABILITY				EACH OCCURRENCE
					AGGREGATE
A	EMPLOYERS' LIABILITY AND COMPENSATION	CWC0208332	01-26-95	01-26-96	<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT
					DISEASE-POLICY LIMIT
					DISEASE-EACH EMPLOYEE
OTHER					



STATE OF INDIANA  
LAKE COUNTY  
FILED  
RECORDED  
NOV 1 1995

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

**CERTIFICATE HOLDER**

COUNTY OF LAKE  
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 15 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  
*Michael J. Fagen*

JK  
25-4-95