

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/20/95

PRODUCER

Burchett & Assoc., Inc.
2400 W. 95th Street
Suite 405
Evergreen Park, IL 60805

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 A General Casualty
- COMPANY B General Casualty
- COMPANY C General Casualty
- COMPANY D

im-plumb

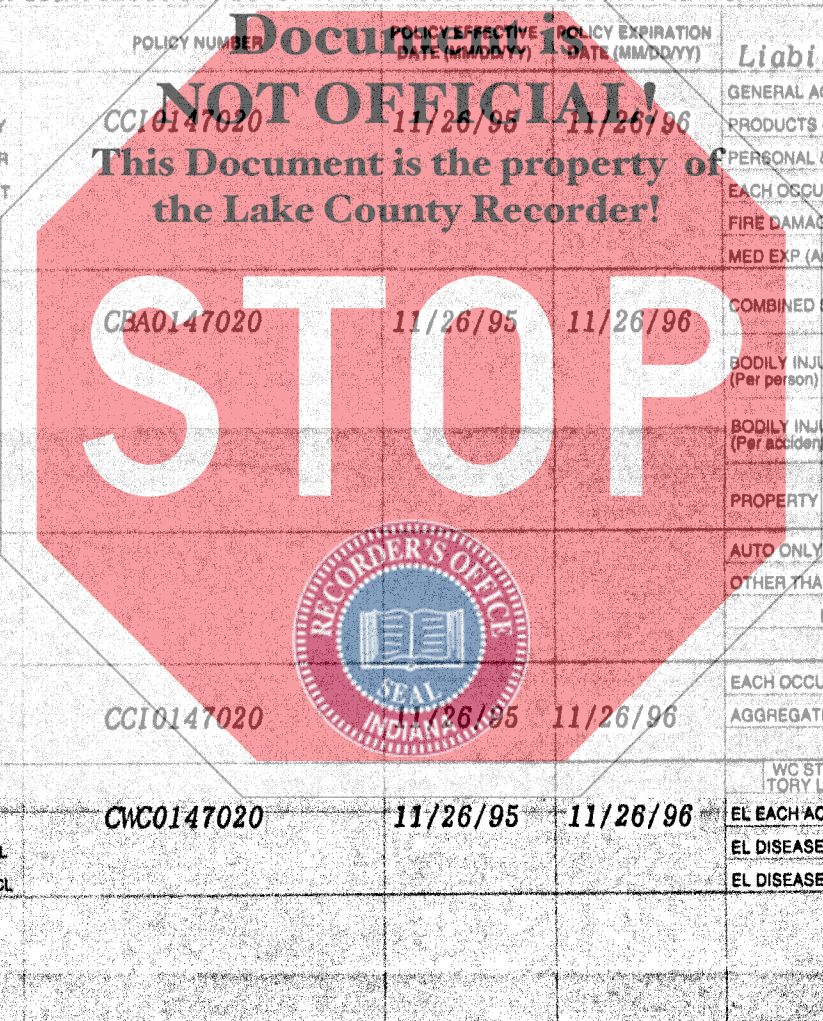
INSURED

Economy Well Service, Inc.
5110 W. 133rd
Crown Point, IN 46307

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)	Liability	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	CCI0147020	11/26/95	11/26/96	GENERAL AGGREGATE	\$ 1000
					PRODUCTS, COMP/OP AGG	\$ 1000
					PERSONAL & ADV INJURY	\$ 500
					EACH OCCURRENCE	\$ 500
					FIRE DAMAGE (Any one fire)	\$ 50
					MED EXP (Any one person)	\$ 5
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	CBA0147020	11/26/95	11/26/96	COMBINED SINGLE LIMIT	\$ 500,000
					BODILY INJURY (Per person)	\$ 100,000
					BODILY INJURY (Per accident)	\$ 100,000
					PROPERTY DAMAGE	\$ 10,000
					AUTO ONLY - EA ACCIDENT	\$ 10,000
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$ 10,000
					AGGREGATE	\$ 10,000
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	CCI0147020	11/26/95	11/26/96	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL OTHER	CWC0147020	11/26/95	11/26/96	WC STATUTORY LIMITS	
					EL EACH ACCIDENT	\$ 100,000
					EL DISEASE - POLICY LIM	\$ 500,000
					EL DISEASE - EA EMPLOY	\$ 100,000



5072742

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 NOV 29 PM 2:16
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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 30 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

William R. Burchett

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