

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

06/06/95

PRODUCER

MacLennan & Bain Insurance
8585 Broadway
Merrillville, IN 46410
(219) 769-6933 Fax (219) 769-6974

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** CNA/Transcontinental Ins. Co.
- COMPANY LETTER **B** CNA/Transportation Ins. Co.
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

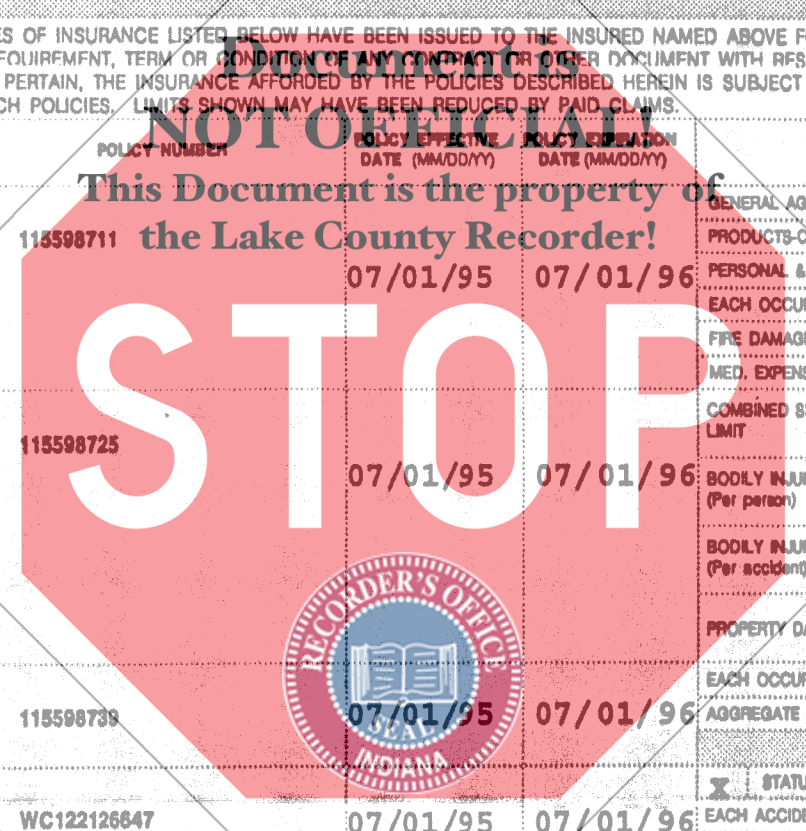
McDaniel Fire Systems, Inc.
P. O. Box 70
Valparaiso, IN 46383

Handwritten: 95072823
Handwritten: [Signature]

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTORS PROT.	115598711	07/01/95	07/01/96	GENERAL AGGREGATE: 1,000,000 PRODUCTS-COMP/OP AGG.: 1,000,000 PERSONAL & ADV. INJURY: 1,000,000 EACH OCCURRENCE: 1,000,000 FIRE DAMAGE (Any one fire): 500,000 MED. EXPENSE (Any one person): 50,000 COMBINED SINGLE LIMIT: 500,000 BODILY INJURY (Per person): 500,000 BODILY INJURY (Per accident): 500,000 PROPERTY DAMAGE: 500,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY	115598725	07/01/95	07/01/96	EACH OCCURRENCE: 5,000,000 AGGREGATE: 5,000,000
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	115598739	07/01/95	07/01/96	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT: 100,000 DISEASE - POLICY LIMIT: 500,000 DISEASE - EACH EMPLOYEE: 100,000
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC122126647	07/01/95	07/01/96	
	OTHER				



STATE OF INDIANA
OFFICE OF THE CLERK
CLERK OF SUPERIOR COURT
RECORDER
MARIETTA CAMPBELL
95072823
AM 8:54

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Installation of Fire Protection Equipment including automatic sprinklers.

CERTIFICATE HOLDER

Lake County Plan Commission
2293 North 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 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

Handwritten signature: John MacLennan

Handwritten: CS.