

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/29/1995

PRODUCER

Bekan Insurance Group Inc
P.O. Box 568
Scherverville, IN 46375
(219) 322-2800

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	WESTFIELD INSURANCE COMPANY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

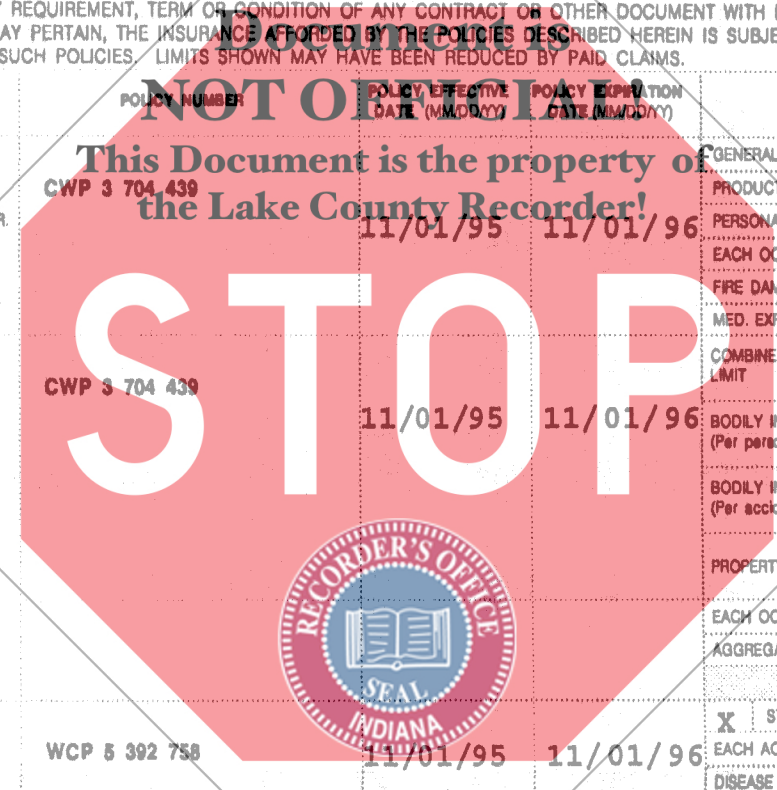
SHERMAN PERRIN DBA
RICK'S HEATING & A/C
7510 W. 134TH COURT
CEDAR LAKE, IN 46307

95072960

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				GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	CWP 3 704 439	11/01/95	11/01/96	PRODUCTS-COMP/OP AGG. \$ 1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 100,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 100,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED. EXPENSE (Any one person) \$ 5,000
					COMBINED SINGLE LIMIT \$ 100,000
A	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$ 100,000
	ANY AUTO	CWP 3 704 439	11/01/95	11/01/96	BODILY INJURY (Per accident) \$ 100,000
	ALL OWNED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AGGREGATE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				<input checked="" type="checkbox"/> STATUTORY LIMITS
	GARAGE LIABILITY				EACH ACCIDENT \$ 100,000
					DISEASE - POLICY LIMIT \$ 500,000
					DISEASE - EACH EMPLOYEE \$ 100,000
	EXCESS LIABILITY				
	UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WCP 5 392 758	11/01/95	11/01/96	
	OTHER				



STATE OF INDIANA
 LAKE COUNTY
 RECORDER
 305 AM 10:06
 NOV 30 1995

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE COUNTY PLAN COMMITTEE
2293 N. MAIN
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
Russell T. Barney