

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
4/19/1995

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

INSURED
Thomas D. Combs & Sons, Inc.
105 Calhoun Court
Valparaiso, IN 46383

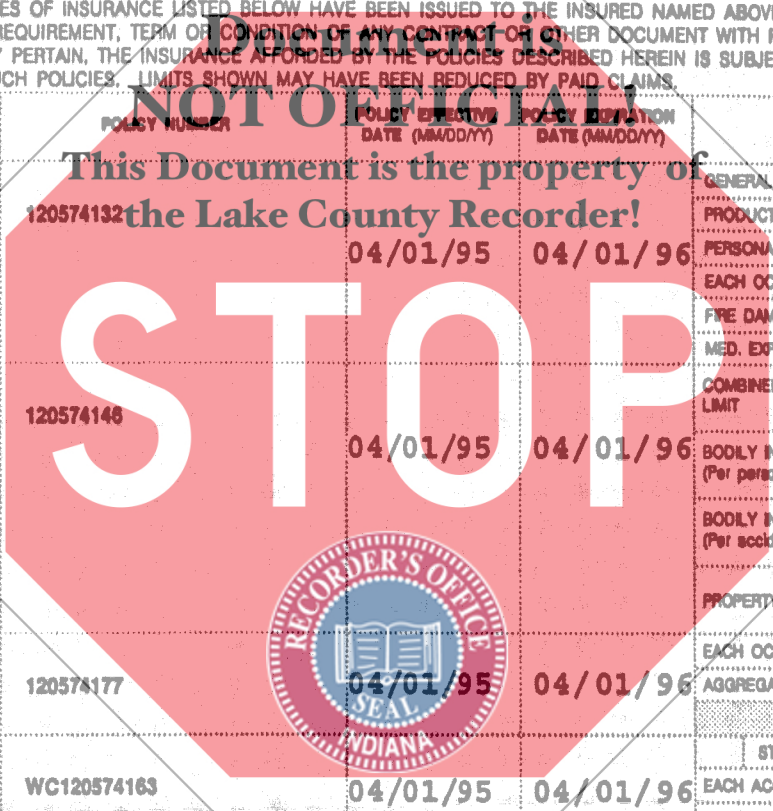
COMPANY LETTER **A** CNA
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

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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)	LIMIT
A	GENERAL LIABILITY	120574132	04/01/95	04/01/96	GENERAL AGGREGATE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY
	OWNERS & CONTRACTORS PROT.				EACH OCCURRENCE
A	AUTOMOBILE LIABILITY	120574148	04/01/95	04/01/96	FIRE DAMAGE (Any one)
	ANY AUTO				MED. EXPENSE (Any one period)
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)
<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE				
<input checked="" type="checkbox"/> GARAGE LIABILITY					
A	EXCESS LIABILITY	120574177	04/01/95	04/01/96	EACH OCCURRENCE
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE
	OTHER THAN UMBRELLA FORM				
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC120574163	04/01/95	04/01/96	STATUTORY LIMITS
					EACH ACCIDENT
	OTHER				DISEASE - POLICY LIMIT
					DISEASE - EACH EMPLOYEE



FILED
 95 MAY 20 AM 11:45
 RECORDER
 LAKE COUNTY, INDIANA

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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 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
[Signature]

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SIX