

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

11/25/95

PRODUCER

LUMP INSURANCE AGENCY, INC.
P.O. BOX 155 - 112 MILL STREET
LOWELL, IN 46356-0155

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 INDIANA FARMERS MUTUAL INSURANCE CO.
- COMPANY B
- COMPANY C
- COMPANY D

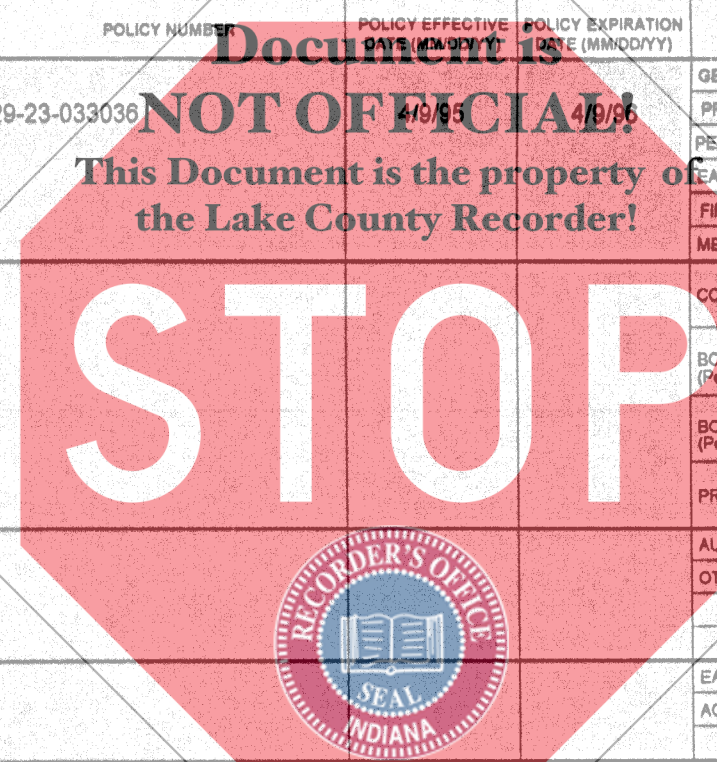
INSURED

TIMOTHY PRATT
PRATT CONSTRUCTION
18597 CALUMET AVE.
LOWELL, IN 46356

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 | 29-23-033036 | 4/9/95 | 4/9/96 | GENERAL AGGREGATE \$ 500,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS COMP/OP AGG \$ 500,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | PERSONAL & ADV INJURY \$ 500,000 |
| | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | | | | EACH OCCURRENCE \$ 500,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 50,000 |
| | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | COMBINED SINGLE LIMIT \$ |
| | AUTOMOBILE LIABILITY | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | PROPERTY DAMAGE \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | OTHER THAN AUTO ONLY: |
| | GARAGE LIABILITY | | | | EACH ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | AGGREGATE \$ |
| | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIABILITY | | | | AGGREGATE \$ |
| | <input type="checkbox"/> UMBRELLA FORM | | | | |
| <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | | |
| A | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | 29-24-016927 | 11/19/95 | 11/19/96 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS |
| | <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE | | | | EL EACH ACCIDENT \$ 100,000 |
| | <input type="checkbox"/> INCL | | | | EL DISEASE - POLICY LIMIT \$ 500,000 |
| | <input checked="" type="checkbox"/> EXCL | | | | EL DISEASE - EA EMPLO \$ 100,000 |
| OTHER | | | | | |



Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

95073044

STATE OF INDIANA
 LAKE COUNTY
 RECORDER
 95 NOV 30 AM 11:47
 FILED FOR RECORD

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CARPENTRY CONTRACTOR

CERTIFICATE HOLDER

LAKE COUNTY PLAN COMMISSION
LAKE COUNTY GOVERNMENT CENTER
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 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
Thomas J. Lump

908