

# ACORD. CERTIFICATE OF INSURANCE

CSR #2  
CLOC-1  
DATE (MM/DD/YY)  
01/18/96

PRODUCER  
**Erdelac Insurance, Inc.**  
111 W. 10TH Street, Suite 105  
Hobart IN 46342

Arthur A. Erdelac  
219-942-9793

INSURED  
↓  
**Closet Creations, Inc**  
8579 Louisiana Place  
Merrillville IN 46410

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 **Westfield Companies**

COMPANY B

COMPANY C

COMPANY D

### 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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	BOP3044645	02/17/96	02/17/97	GENERAL AGGREGATE \$ 1000000
					PRODUCTS - COMP/OP AGG \$ 1000000
					PERSONAL & ADV INJURY \$ 1000000
					EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED EXP (Any one person) \$ 5000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS	CWP 3525548	02/17/96	02/17/97	COMBINED SINGLE LIMIT \$ 500000
					BODILY INJURY (Per person) \$ 60000
					BODILY INJURY (Per accident) \$ 60000
					PROPERTY DAMAGE \$ 60000
					AUTO ONLY - EA ACCIDENT \$ 60000
	GARAGE LIABILITY ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WCP 5372186	02/17/96	02/17/97	<input checked="" type="checkbox"/> STATUTORY LIMITS \$ 60000
					EACH ACCIDENT \$ 60000
					DISEASE - POLICY LIMIT \$ 60000
					DISEASE - EACH EMPLOYEE \$ 60000
	OTHER				

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CLOSET & SHELF SALES AND INSTALLATION

### CERTIFICATE HOLDER

LAKCO-1

Lake County, Indiana  
Building & Planning Commission  
2293 N. 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

Arthur A. Erdelac

ACORD CORPORATION 1993

ACORD 25-S (3/93)

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STATE OF INDIANA  
LAKE COUNTY  
RECORD  
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