

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
 8/14/95

**PRODUCER**  
 Near North Ins Brokerage  
 875 North Michigan  
 Chicago, IL 60611

MK

Contact 83409  
 Cynthia Ruiz (312)280-3834

**INSURED**  
 Adco Insulation  
 # 1 Lake & Main Street  
 P. O. Box 217  
 Lake Village, IN 46349

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	Michigan Mutual Ins. Co.
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

### COVERAGES

THIS IS TO CERTIFY THAT 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)	ALL LIMITS IN THOUSANDS
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"/> OWNERS & CONTRACTOR'S PROT	GL0125883	6/30/95	6/30/96	GENERAL AGGREGATE \$ 5,000
					PRODUCTS-COMP/OPS AGGREGATE \$ INCL.
					PERSONAL & ADVERTISING INJURY \$ 5,000
					EACH OCCURRENCE \$ 2,000
					FIRE DAMAGE (Any one fire) \$
					MEDICAL EXPENSE (Any one person) \$ 95007756
A	<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 <input type="checkbox"/> GARAGE LIABILITY	CA1049236 MI	6/30/95	6/30/96	COMBINED SINGLE LIMIT \$ 1,000
		CA1049237 AOS	6/30/95	6/30/96	BODILY INJURY (Per Person) \$
		CA1049466 TX	6/30/95	6/30/96	BODILY INJURY (Per Accident) \$
					PROPERTY DAMAGE \$
A	EXCESS LIABILITY				EACH OCCURRENCE \$
A	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC0764118 Ded	6/30/95	6/30/96	STATUTORY \$ 1,000 (EACH ACCIDENT)
A		WC0764119 Retro	6/30/95	6/30/96	\$ 1,000 (DISEASE-POLICY LIM)
A		WC0764120 CA	6/30/95	6/30/96	\$ 1,000 (DISEASE-TEMP)
A	OTHER	WC0764121 NJ	6/30/95	6/30/96	
A	Physical Damage	CA1049236	6/30/95	6/30/96	\$250 Ded. C \$250 Ded. C

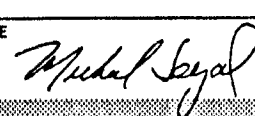
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER** 00269

Lake Co. Plan Commission  
 2293 North 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 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**  


STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 8-5 AM 1:48  
 RECORDED