

# ACORD. CERTIFICATE OF INSURANCE

CSR AJ ISSUE DATE (MM/DD/YY)  
REEVES2 01/12/96

PRODUCER  
BRIGGS AGENCY, INC.  
4000 West Lincoln Highway  
P.O. Box 10768  
Merrillville IN 46411-0768

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

800-627-5566

COMPANY LETTER A Meridian Mutual Insurance Co.  
COMPANY LETTER B American States Insurance Co.  
COMPANY LETTER C Westfield Companies  
COMPANY LETTER D  
COMPANY LETTER E

96008426

INSURED

REEVES FENCE COMPANY, INC.  
7602 West Lincoln Highway  
Crown Point IN 46307

## 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
<b>GENERAL LIABILITY</b>					
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT.	CPP 3999847	01/01/96	01/01/97	GENERAL AGGREGATE 2,000,000 PRODUCTS-COMP/OP AGG. 2,000,000 PERSONAL & ADV. INJURY 1,000,000 EACH OCCURRENCE 1,000,000 FIRE DAMAGE (Any one fire) 50,000 MED. EXPENSE (Any one person) 5,000
<b>AUTOMOBILE LIABILITY</b>					
A	ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	BAP 3999850	01/01/96	01/01/97	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
<b>EXCESS LIABILITY</b>					
UMBRELLA FORM					EACH OCCURRENCE \$
OTHER THAN UMBRELLA FORM					AGGREGATE \$
A	WORKER'S COMPENSATION AND	WC 3999851-03	01/01/96	01/01/97	X STATUTORY LIMITS EACH ACCIDENT \$ 100,000
A	EMPLOYERS' LIABILITY	WC 3999851-03	01/01/96	01/01/97	DISEASE—POLICY LIMIT \$ 500,000 DISEASE—EACH EMPLOYEE \$ 100,000
<b>OTHER</b>					
B	License Bond	EX-833-397	06/08/95	06/08/96	5,000 Lake Cty
C	License Bond	5716070	02/09/95	02/09/96	5,000 Porter Cty

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Fence sales and installation

## CERTIFICATE HOLDER

LAKE COUNTY PLANNING  
COMMISSION  
Jan Allison  
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

*[Handwritten Signature]*

STATE OF INDIANA  
LAKE COUNTY  
RECORD  
MARRIAGE & DIVORCE  
RECORDER  
JAN 15 1996  
AM: 39