

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
11/06/95

PRODUCER

General Insurance Services, Inc
421 Franklin Street
P.O. Box 418
Michigan City IN 46360

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	MIDWESTERN INDEMNITY CO
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

LANDMARK OUTDOOR ADVERTISING CO, INC
7424 INDUSTRIAL AVENUE
CHESTERTON, IN 46304

96008724

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 X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT.	61-940652	11/01/95	11/01/96	GENERAL AGGREGATE \$ 2000000 PRODUCTS-COMP/OP AGG. \$ 2000000 PERSONAL & ADV. INJURY \$ 1000000 EACH OCCURRENCE \$ 500000 FIRE DAMAGE (Any one fire) \$ 500000 MED. EXPENSE (Any one person) \$ 500000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	61-940652	11/01/95	11/01/96	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE \$
A	EXCESS LIABILITY X UMBRELLA FORM OTHER THAN UMBRELLA FORM	61-940652	11/01/95	11/01/96	EACH OCCURRENCE \$ 10000000 AGGREGATE \$ 10000000
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	33-080062	11/02/95	11/02/96	STATUTORY LIMITS EACH ACCIDENT \$ 100000 DISEASE - POLICY LIMIT \$ 500000 DISEASE - EACH EMPLOYEE \$ 100000
	OTHER				

MARGARETTE CLEVELAND
 RECORDED
 FILED FOR RECORD
 26 FEB - 95 PH 1:48
 STATE OF INDIANA
 LAKE COUNTY

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

THE 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 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

Jean Bullock *900 SW*