| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION COUNTY 8979 BTOADWAY MORTHITUSINE NA 46410-  219-769-6616  INSURED  COPPANY B.  COPP |  | RTIFICATE OF INSURAN  | NCE: HENDES1                  |         |  |                                    | CSR RT 02  | 2/09/                | 96              |  |
|--|--|---|-------------------------------|---------|--|------------------------------------|--|----------------------|-----------------|--|
| COPANY  COPANY  COPANY  COPANY  B  COPANY  COPANY  COPANY  COPANY  B  COPANY   | Ro   | othschild Agency. In  | nc<br>0-                      |         | CONFERS NO RIG   | HTS UPON THE CE<br>, EXTEND OR ALT | A MATTER OF INFORMA<br>RTIFICATE HOLDER. TH                                      | TION ONL<br>IS CERTI | Y AND<br>FICATE |  |
| AS COCKERGALE/SUrplus Ins Brokers  COPPANY BE COMPANY BE COMPANY BE COMPANY COPPANY THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW MANE BEEN ISSUED TO THE INSURED MANED ABOVE FOR THE POLICY PERIOD INDICATED, MOTUTINSTANDING ANY REQUIREMENT, IREM OR CONDITION OF ANY CONTRACT OR OTHER OCCUMENT WITH RESPECT TO ALL THE TERMS, EXCUSIONS, AND CONDITIONS OF SUCH POLICIES. INITIS SHOWN MAY MAKE BEEN REDUCED BY THE POLICY OF THE ALL HIS SUBJECT TO ALL THE TERMS, EXCUSIONS, AND CONDITIONS OF SUCH POLICIES. INITIS SHOWN MAY MAKE BEEN REDUCED BY THE ALL HIS SUBJECT TO ALL THE TERMS, EXCUSIONS, AND CONDITIONS OF SUCH POLICIES. INITIS SHOWN MAY MAKE BEEN REDUCED BY THE ALL HIS SUBJECT TO ALL THE TERMS, EXCUSIONS, AND CONDITIONS OF SUCH POLICIES. INITIS SHOWN MAY MAKE BEEN REDUCED BY THE ALL HIS SUBJECT TO ALL THE TERMS, EXCUSIONS, AND CONDITIONS OF SUCH POLICIES.  CONTRACT OF INSURANCE  POLICY WITH POLICY PROPERTY OF THE MANAGE AFFORDED BY THE POLICY PROPERTY OF THE POLIC |  |   |                               |         | COMPANY  |                                    |  |                      |                 |  |
| COMPANY 2190 Tatt St   | ~173-\03-00T0                              |   |                               |         |  |                                    |  |                      |                 |  |
| HENDERGON & SON 2190 TRET SE SATY IN 46404  COMPANY THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BEIOM AND ISSUED TO THE INSURED MAND AND FOR THE POLICY WHICH THIS CERTIFICATE MAY BE ISSUED ON MAY PERTAIN, THE INSURANCE AFFORDS BY THE POLICY SUBJECT TO ALL THE TERM, SECULISIONS, AND CONDITIONS OF SOLE POLICIES, LINTS SHOWN ANY MAKE BEEN REQUED BY AND CLAIM.  CONTROL TYPE OF INSURANCE  TO TYPE OF INSURANCE  POLICY MARKES  CONTROL THE POLICY SUBJECT TO THE POLICY SUBJEC | INSURED                                    |   |                               | -       |  |                                    |  |                      |                 |  |
| HENDER'SON & SON 2 COPPONE & S |  |   |                               |         | 1 ** * *   |                                    |  |                      |                 |  |
| COMPANY DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  COMPANY DISEASE. AND THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDE ADDRESS FOR THE POLICIES OF THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDE ADDRESS FOR THE POLICIES OF THE POLICIES OF THE POLICIES OF THE POLICIES OF THE POLICIES DESCRIPTION HAVE BEEN SUBJECT TO THE INSURANCE LISTED BELOW ANY CONTRACT ON OTHER DOLLOTES DESCRIBED MEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SURF POLICIES. LINITIS SHOWN HAVE BEEN REDUCED BY PROTECTING THE INSURANCE LISTED BELOW HAVE AND THE POLICIES DESCRIBED MEREIN IS SUBJECT TO ALL THE TERMS HAVE EXCLUSIONS, AND CONDITIONS OF SURF POLICIES. LINITIS SHOWN HAVE YEAR REQUEBED BY PROTECTING THE POLICY FOR THE POLICY FOR THE POLICY FOR THE POLICY SUBJECT TO ALL THE THE POLICY FOR THE POLICY OF THE POLICY |  |   |                               | •       | COMPANY  | *******                            | *************  | • • • • • • •        | •••••           |  |
| COMPANY D COMPAN |  |   |                               |         |  |                                    |  |                      |                 |  |
| COMMERCE TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANES ABOVE FOR THE POLICY PERIOD INDICATED, NOTULTISTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO MAHIOR THATS CERTIFICATE WAY BE ISSUED ON ANY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUGH POLICIES. LINITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.  COULD TYPE OF INSURANCE POLICY NUMBER POLICY NUMBER POLICY FIRST POLICY FIR |  |   |                               |         | COMPANY  | ••••••                             |  | ******               | ******          |  |
| ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY MAVE BEEN REDUCED BY PAID CLAIMS.  CO TYPE OF INSURANCE POLICY NUMBER POLICY EFF DATE (MM/DO/TY)  |  | THIS IS TO CERTIFY THAT THE POLIPERIOD INDICATED. NOTWITHSTAND  | ING ANY REQUIREMENT, TERM     | OR      | LOW HAVE BEEN ISS  | Y CONTRACT OR O'                   | THER DOCUMENT WITH RE  | SPECT T              | o I             |  |
| DATE (MM/DD/YY) DATE (MM/DD/YY |  | ALL THE TERMS, EXCLUSIONS, AND O  | CONDITIONS OF SUCH POLICE     | ES.     | LIMITS SHOWN MAY   | Y HAVE BEEN REDI                   | S DESCRIBED HEREIN IS<br>JCED BY PAID CLAIMS.                                    | SSUBJEC              | T TO            |  |
| CARRECT LABILITY  ( ) CLAIMS MADE ( IX) OCC. ( ) OWNERSY'S & CONTRACTOR'S PROTECTIVE  A X1 M & C LIABILITY ( ) CLAIMS LITER CONTRACTOR'S PROTECTIVE  AUTOMOBILE LIABILITY ( ) ANY AUTO ( ) ANY AUTO ( ) ALL OWNED AUTOS ( ) SERDULED AUTOS ( ) INERO AUTOS ( ) |  | TYPE OF INSURANCE   | POLICY NUMBER                 |         |  |                                    |  | S<br>                |                 |  |
| AUTOMOBILE LIABILITY ( ) ANY AUTO ( ) ALL GAMED AUTOS ( ) SENDLED AUTOS ( ) I SENDLED AUTOS ( ) I SENDLED AUTOS ( ) I HIRED AUTOS ( ) I HIRED AUTOS ( ) I HON-OWNED AUTOS ( ) I  | A  | [ ] COMMERCIAL GEN LIABILITY [ ] CLAIMS MADE [ X] OCC. [ ] OWNERS'S & CONTRACTOR'S PROTECTIVE [X] M & C LIABILITY | GLS329469                     |         | 03/20/95   | 03/20/96                           | PROD-COMP/OP AGG. PERS. & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (ANY ONE FIRE) | ,                    |                 |  |
| AUTOMOBILE (IABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] HIRED AUTOS [ ] HON-OWNED AU |  | 1. J  |                               |         |  |                                    |  | ŭ                    | <b>3</b>        |  |
| CANCELLATION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS   CANCELLATION   |  | [ ] ANY AUTO  |                               |         |  |                                    | BODILY INJURY  | 0                    |                 |  |
| CERTIFICATE HOLDER COMMISSION  LAKE CO PLANNING COMMISSION  LAKE COMPANY WILL LAKE COMPANY  |  | [ ] HIRED AUTOS [ ] NON-OWNED AUTOS [ ]   |                               |         |  |                                    | (PER ACCIDENT)   | 19                   |                 |  |
| AGREGATE  OTHER  OTHER  CERTIFICATE HOLDER <   |  | [ ] ANY AUTO<br>[ ]   |                               | • • • • |  |                                    | OTHER / AUTO ONLY:<br>EACH ACCIDENT  |                      |                 |  |
| EXECUTIVE OFFICERS ARE: [ ] INCL. [ ] EXCL.  OTHER  CERTIFICATE HOLDER <====================================   | ***  | [ ] UMBRELLA FORM   |                               | • • • • |  |                                    |  | 36                   | 핃               |  |
| -DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  CANCELLATION <  |  | THE PROPRIETOR/PARTNERS/<br>EXECUTIVE OFFICERS ARE:   |                               |         |  |                                    | EACH ACCIDENT DISEASE-POL. LEN   |                      | ED FOR          |  |
| - DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS   | •••  | OTHER   |                               |         |  |                                    | DER  | 3:4                  | HECOR           |  |
| LAC9003  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 REPRESENTATIVE.  AUTHORIZED REPRESENTATIVE  | -DE  | I<br>SCRIPTION OF OPERATIONS/LOCATION   | I<br>S/VEHICLES/SPECIAL ITEMS |         |  | 1                                  | 1  | .1 - 00              | ·               |  |
| LAKE CO PLANNING COMMISSION 2293 NORTH MAIN ST CROWN POINT IN 46307  AUTHORIZED REPRESENTATIVE   | > C  | ERTIFICATE HOLDER <=========  | LAC9003                       | SHO     | OULD ANY OF THE A  | ABOVE DESCRIBED EREOF, THE ISSUI   | POLICIES BE CANCELLE<br>ING COMPANY WILL ENDE                                    | D BEFOR<br>AVOR TO   | E THE<br>MAIL   |  |
| AUTHORIZED REPRESENTATIVE  | 2293 NORTH MAIN ST<br>CROWN POINT IN 46307 |   |                               |         | LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. |                                    |  |                      |                 |  |
| _ACORD 25-\$ (3/93)  |  |   |                               | AU1     | THORIZED REPRESEN  | TATIVE/                            | Stal 1   | les 1                | 1ho             |  |
|  | _AC  | ORD 25-S (3/93)   |                               | De      | an Rothscl   | hila                               |  |                      |                 |  |
| CK#86=   | · <b>-</b> ·-                              |   |                               |         |  |                                    | (  | 14                   | 863:            |  |