

CERTIFICATE OF INSURANCE: HENDES1

CSR RT 02/09/96

PRODUCER

Rothschild Agency, Inc
8979 Broadway
Merrillville IN 46410-
219-769-6616

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 Scottsdale/Surplus Ins Brokers
COMPANY B
COMPANY C
COMPANY D

INSURED

Henderson & Son
2190 Taft St
Gary IN 46404

> 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 EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input checked="" type="checkbox"/> M & C LIABILITY <input type="checkbox"/>	GLS329469	03/20/95	03/20/96	GENERAL AGGREGATE 500000 PROD-COMP/OP AGG. PERS. & ADV. INJURY EACH OCCURRENCE 500000 FIRE DAMAGE (ANY ONE FIRE) MED. EXPENSE (ANY ONE PERSON)
	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 <input type="checkbox"/>				COMB. SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY (EA ACC) OTHER / AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
	WORKERS COMP. AND EMP. LIAB. THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.				1 STATUTORY LIMIT EACH ACCIDENT DISEASE-POL. L DISEASE-EACH E
	OTHER				

96008796

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96FEB -9 AM 9:48
MARIETTA BUREAU AND
REGISTER

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

> CERTIFICATE HOLDER <-----> LAC9003
LAKE CO PLANNING COMMISSION
2293 NORTH MAIN ST
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
Dean Rothschild
[Signature]
9/00
CK#8632