

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
12/19/96

PRODUCER The Leavell Agency, Inc.  
2484 Glick Street  
PO Box 6245  
Lafayette, IN 47903-6245  
(317) 477-1728

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.

INSURED  
Saxon Drywall, Inc.  
PO Box 177

Roselawn IN 46372

### COMPANIES AFFORDING COVERAGE

COMPANY  
A Indiana Farmers Mutual  
COMPANY  
B  
COMPANY  
C  
COMPANY  
D

96008960

### 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				GENERAL AGGREGATE \$1,000,000
X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNERS & CONTRACTORS PROT	29-20-453775	09/27/95	09/27/96	PRODUCTS - COMP/OP AGG \$1,000,000 PERSONAL & ADV INJURY \$500,000 EACH OCCURRENCE \$500,000 FIRE DAMAGE (Any one) \$50,000 MED EXP (Any one person) \$5,000
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$50,000
X	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS	29-23-035208	09/27/95	09/27/96	BODILY INJURY (Per person) \$50,000 BODILY INJURY (Per accident) \$50,000 PROPERTY DAMAGE \$50,000
X	HIRE D AUTOS				
X	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$50,000 OTHER THAN AUTO ONLY: EACH ACCIDENT \$50,000 AGGREGATE \$50,000
	ANY AUTO		/ /	/ /	
A	EXCESS LIABILITY				EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
	UMBRELLA FORM	01-69-602685	09/27/95	09/27/96	
	OTHER THAN UMBRELLA FORM				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X STATUTORY LIMITS EACH ACCIDENT \$500,000 DISEASE - POLICY LIMIT \$500,000 DISEASE - EACH EMPLOYEE \$500,000
	THE PROPRIETOR PARTNERS EXECUTIVE OFFICERS ARE	29-24-017456	09/27/95	09/27/96	
	OTHER		/ /	/ /	

STATE OF INDIANA  
FILED  
96 FEB 29 PM 1:24  
RECORDED

DESCRIPTION OF OPERATIONS LOCATIONS/VEHICLES/SPECIAL ITEMS

### CERTIFICATE HOLDER

Lake County Planning Comm  
  
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 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

*[Signature]*