

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

02/08/96

**PRODUCER**

KOESTER & BROWN INS INC  
9105-A INDIANAPOLIS BLVD  
SUITE 300  
HIGHLAND, IN 46322-2599

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** AMERICAN STATES INS CO  
COMPANY LETTER **B** GRANITE STATE INS CO  
COMPANY LETTER **C**  
COMPANY LETTER **D**  
COMPANY LETTER **E**

96009047

**INSURED**

BRIAN GODSHALL DBA RAIN-  
AWAY GUTTERS & TRIM  
8830 SOUTHMOOR  
HIGHLAND IN 46322

**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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	01CD65164620	08/09/95	08/09/96	GENERAL AGGREGATE PRODUCTS-COMP/OP AGGR. PERSONAL & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)	
	<p>STATE OF INDIANA LAKE COUNTY FILED &amp; RECORDED 9:00 AM 8:54 MBCA REC'D RECORDED</p>					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	
	SCHEDULED AUTOS				BODILY INJURY (Per accident)	
	HIREN AUTOS				PROPERTY DAMAGE	
	EXCESS LIABILITY				EACH OCCURENCE	
	UMBRELLA FORM OTHER THAN UMBRELLA FORM				AGGREGATE	
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC4246279	09/17/95	09/17/96	STATUTORY LIMITS	
	EACH ACCIDENT				\$ 100,000	
	DISEASE-POLICY LIMIT				\$ 500,000	
	OTHER				DISEASE-EACH EMPLOYEE	\$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
SIDING, TRIM AND CONTINUOUS GUTTERS

**CERTIFICATE HOLDER**

LAKE COUNTY PLANNING COMM  
BUILDING DEPT  
2293 N 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

*Bonnie J. Koska* lc # 100597