

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
2/8/96

PRODUCER

Claudon & Anderson
P.O. Box 1880
Valparaiso, IN 46384

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 Ohio Casualty Co.
- COMPANY B Ohio Farmers Ins. Co.
- COMPANY C
- COMPANY D

INSURED

Timothy Degener
656 McCool Rd.
Valparaiso, IN 46383

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 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 |
|--------|---|---------------|----------------------------------|-----------------------------------|--------------------------------------|
| | GENERAL LIABILITY | | | | GENERAL AGGREGATE \$ 300,000 |
| X | COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS - COMP/OP AGG \$ 250,000 |
| | CLAIMS MADE X OCCUR | BHO50744741 | 7/15/95 | 7/15/96 | PERSONAL & ADV INJURY \$ 300,000 |
| A | OWNER'S & CONTRACTOR'S PROT | | | | EACH OCCURRENCE \$ 300,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 50,000 |
| | | | | | MED EXP (Any one person) \$ 5,000 |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT \$ |
| | ANY AUTO | | | | BODILY INJURY (Per person) |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) |
| | SCHEDULED AUTOS | | | | PROPERTY DAMAGE |
| | HIRE D AUTOS | | | | AUTO ONLY - EA ACCIDENT |
| | NON-OWNED AUTOS | | | | OTHER THAN AUTO ONLY: |
| | | | | | EACH ACCIDENT |
| | | | | | AGGREGATE |
| | | | | | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ |
| | | | | | WC STATUTORY LIMITS OTH-ER |
| | GARAGE LIABILITY | | | | EL EACH ACCIDENT \$ |
| | ANY AUTO | | | | EL DISEASE - POLICY LIMIT \$ |
| | | | | | EL DISEASE - EA EMPLOYEE \$ |
| | EXCESS LIABILITY | | | | |
| | UMBRELLA FORM | | | | |
| | OTHER THAN UMBRELLA FORM | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | |
| | THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL | | | | |
| | OTHER: EXCL | | | | |
| | B Porter County Bond | 5702111 | 2/8/96 | 2/8/97 | \$5,000 |
| | Lake County Bond | 5726020 | 2/8/96 | 2/8/97 | \$5,000 |

96009295
 96 FEB 12 PM 1:19
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 RECORDED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ 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

[Handwritten Signature]