

CERTIFICATE OF INSURANCE:

CSR CL 01/30/96

PRODUCER
Samuelson Insurance Agency
 P. O. Box 26
 Portage, IN
 46368-
 PHONE

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

INSURED
E.G.I., Inc.
 d/b/a East Gary Insulation
 6132 Sunrise Ave.
 Portage IN
 46368

- COMPANY LETTER A **Indiana Farmers Insurance**
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

396009217

> COVERAGES <----->
 THIS IS TO CERTIFY THAT 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.

COI LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPER. <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY	29-20-453830	02/15/96	02/15/97	BODILY INJURY OCC BODILY INJURY AGG PROP. DAMAGE OCC PROP. DAMAGE AGG BI & PD COMB. BI & PD COMB. PERS. INJURY AGG
A	AUTOMOBILE LIAB <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (PRIV PASS) <input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV PASS) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	29-10-516476	02/15/96	02/15/97	BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE BODILY INJURY & PROPERTY DAMAGE COMBINED
A	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
A	WORKERS' COMP AND EMPLOYERS' LIAB	29-24-017953	10/25/95	10/25/96	STATUTORY LIMITS EACH ACCIDENT 100,000. DISEASE-POL. LIMIT 500,000. DISEASE-EACH EMP. 100,000.
	OTHER				

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 96 FEB 12 PM 3:34
 REC'D

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Insulation Contractor

> CERTIFICATE HOLDER <-----> **Lake County Planning Commission**
 2293 N. Main St.
 Crown Point IN
 46307
 ACORD 25 (7/90)

<-----> 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
SAMUELSON INSURANCE AGENCY

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