

CERTIFICATE OF INSURANCE:

CSR DS 12/13/95

PRODUCER
Consolidated Insurance Agency
 118 W. Washington Street
 P.O. Drawer C
 Rensselaer, IN
 47978-
 PHONE 219-866-5129

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
Michael A. Denton d/b/a
American AC, Htg. Refrg. Inc.
 PO Box 306
 Lake Village IN
 46349

COMPANY LETTER **A** **Northwestern National Casualty**
 COMPANY LETTER B
 COMPANY LETTER C
 COMPANY LETTER D
 COMPANY LETTER E

> 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LIR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE 1,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	BCP225304601	04/23/95	04/23/96	PROD-COMP/OP AGG. 1,000,000 PERS. & ADV. INJURY 500,000 EACH OCCURRENCE 500,000 FIRE DAMAGE (ANY ONE FIRE) 50,000 MED. EXPENSE (ANY ONE PERSON) 5,000
	AUTOMOBILE LIAB				COMB. SINGLE LIMIT BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
	<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"/> GARAGE LIABILITY <input type="checkbox"/>				EACH OCCURRENCE AGGREGATE
	EXCESS LIABILITY				
	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A	WORKERS' COMP AND EMPLOYERS' LIAB	WC2254207-01	06/06/95	06/06/96	[STATUTORY LIMITS] EACH ACCIDENT DISEASE-POL. LIMIT DISEASE-EACH EMP.
	OTHER				

96009702

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORDED
 96 FEB 13 AM 11:11
 MARGARET E. CULLEN
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Heating or combined heating and air conditioning systems

> CERTIFICATE HOLDER <-----> CANCELLATION <----->

Lake County Planning Commission
 Planning & Bldg. Dept.
 2293 No. Main Street
 Crown Point IN
 46307

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

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