

ACORD CERTIFICATE OF INSURANCE

CSR KV ISSUE DATE (MM/DD/YY)
04/11/95

PRODUCER

The Wright Insurance Agency
7020 Broadway
Merrillville, IN
46410
Samuel W. Wright
219-769-6688

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** Shelby Insurance Company
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
Southlake Decorating Center,
Inc.
3912 E 117th Ave
Crown Point, IN
46307-9709

96009725

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 CTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY					
A	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR X OWNERS & CONTRACTORS PROT	AML 7697901	03/01/95	03/01/96	GENERAL AGGREGATE \$ 2000000 PRODUCTS COMP/OP AGG \$ 2000000 PERSONAL & ADV. INJURY \$ 1000000 EACH OCCURRENCE \$ 500000 FIRE DAMAGE (Any one fire) \$ 500000 MED. EXPENSE (Any one person) \$ 500000
AUTOMOBILE LIABILITY					
A	ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON OWNED AUTOS GARAGE LIABILITY	ABA 7697902	03/01/95	03/01/96	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
EXCESS LIABILITY					
	UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKER'S COMPENSATION AND	AWC 7697903	03/01/95	03/01/96	X STATUTORY LIMITS EACH ACCIDENT \$ 100000 DISEASE - POLICY LIMIT \$ 500000 DISEASE - EACH EMPLOYEE \$ 100000
A	EMPLOYERS' LIABILITY	AWC 7697903	03/01/95	03/01/96	

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MARCH 13 1995
PH 12: 57
RECORDED

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Paint/Wallpaper/Wall Covering Stores
Painting-Interior Bldgs. & Structures

CERTIFICATE HOLDER

Lake County Plan Commission
Wilbur F Cox
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

Samuel W. Wright

