

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

1/24/96

PRODUCER

MURPHY & JORDAN, INC.
ONE SEAPORT PLAZA
NEW YORK, NEW YORK 10038

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

CODE SUB-CODE

INSURED ADT HOLDINGS, INC. &/OR
ADT INC.
ADT SECURITY SYSTEMS, INC.

- COMPANY LETTER **A** NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
- COMPANY LETTER **B** INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

300 INTERPACE PARKWAY
PARSIPPANY, NEW JERSEY 07054-1113

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)	ALL LIMITS IN THOUSANDS
A X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT.	GL 1216126	1/1/96	1/1/97	GENERAL AGGREGATE \$ PRODUCTS-COMP/OPS AGGREGATE \$ 4,000 PERSONAL & ADVERTISING INJURY \$ 2,000 EACH OCCURRENCE \$ 2,000 FIRE DAMAGE (Any one fire) \$ MEDICAL EXPENSE (Any one person) \$ COMBINED SINGLE LIMIT \$ 2,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ EACH OCCURRENCE \$ AGGREGATE \$
A X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY GKLL EXCESS LIABILITY	CA 1352791 CA 1352790	1/1/96	1/1/97	STATUTORY \$ 2,000 (EACH OCCURRENCE) \$ 2,000 (DISEASE - POLICY LIMIT) \$ 2,000 (DISEASE - EACH EMPLOYEE)

96011633

OTHER THAN UMBRELLA FORM
WORKER'S COMPENSATION AND *RMWC 1361673 1/1/96 1/1/97
EMPLOYERS' LIABILITY
OTHER
*EMPLOYERS LIABILITY COVERAGE FOR MONOPOLISTIC STATES: NEVADA, NORTH CAROLINA, OHIO, WASHINGTON, WEST VIRGINIA, WYOMING.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
FEB 22 2000
1:05 PM
RECORDS & ADMINISTRATION

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE COUNTY PLAN COMMISSIONERS
2293 NORTH MAIN STREET
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 60 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

Angie J. Callahan

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