

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

02/14/96

PRODUCER

G. A. CRANDALL & CO., INC.
7300 WEST COLLEGE DRIVE
PALOS HEIGHTS, IL 60463

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 AMERICAN STATES INS CO

COMPANY
B

COMPANY
C

COMPANY
D

INSURED

RICK KUIPER DBA ILLIANA FLOOR
624 ARBORGAST
GRIFFITH, INDIANA 46319

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 EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	01CD5033693	10/03/95	10/03/96	GENERAL AGGREGATE	1000000
	<input checked="" type="checkbox"/> COMM. GENERAL LIABILITY				PROD-COMP/OP AGG.	100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERS. & ADV. INJURY	100000
	OWNER'S & CONTRACT'S PROT				EACH OCCURRENCE	100000
					FIRE DAMAGE(One Fire)	100000
					MED EXP(Any one person)	100000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	712
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				STATUTORY LIMITS	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				EACH ACCIDENT	
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				DISEASE-POLICY LIMIT	
	<input type="checkbox"/> INCL				DISEASE-EACH EMPL.	
	<input type="checkbox"/> EXCL					
	OTHER					

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 98 FEB 23 AM 9:10
 REC'D

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE COUNTY INDIANA
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THEIR 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

Herold A. Crandall

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