

# ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)  
03/08/96

**PRODUCER**  
DALY INS SERVICES INC  
403 E LINCOLNWAY  
VALPARAISO IN 46383

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 POLICES BELOW.

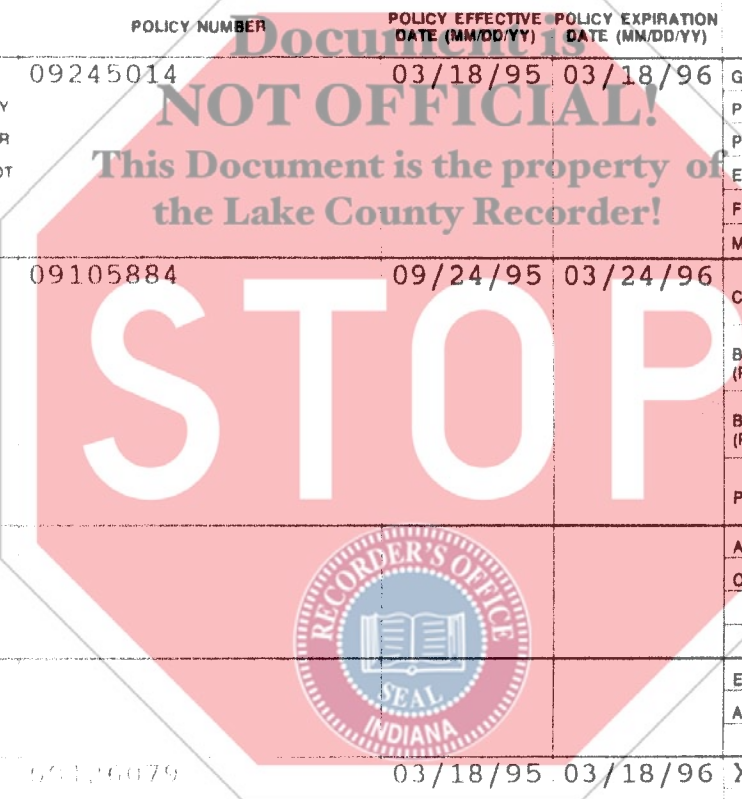
**INSURED**  
RICHARD A RIPPE  
DBA RIPPES WELL SERVICE  
261 N 475 WEST  
VALPARAISO IN 46383

| COMPANIES AFFORDING COVERAGE |                    |
|------------------------------|--------------------|
| COMPANY A                    | AUTO OWNERS INS CO |
| COMPANY B                    |                    |
| COMPANY C                    |                    |
| COMPANY D                    |                    |

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**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) | LIMITS  |
|--------|--|---------------|----------------------------------|-----------------------------------|---|
| A      | GENERAL LIABILITY<br>COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>OWNER'S & CONTRACTOR'S PROT  | 09245014      | 03/18/95                         | 03/18/96                          | GENERAL AGGREGATE \$ 500,000<br>PRODUCTS - COMP/OP AGG \$ 500,000<br>PERSONAL & ADV INJURY \$ 500,000<br>EACH OCCURRENCE \$ 500,000<br>FIRE DAMAGE (Any one fire) \$ 50,000<br>MED EXP (Any one person) \$ 5,000  |
| A      | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS | 09105884      | 09/24/95                         | 03/24/96                          | COMBINED SINGLE LIMIT \$ 250,000<br>BODILY INJURY (Per person) \$ 100,000<br>BODILY INJURY (Per accident) \$ 300,000<br>PROPERTY DAMAGE \$ 100,000<br>AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN AUTO ONLY:<br>EACH ACCIDENT \$<br>AGGREGATE \$<br>EACH OCCURRENCE \$<br>AGGREGATE \$ |
| A      | WORKERS COMPENSATION AND EMPLOYERS LIABILITY<br>THE PROPRIETOR <input checked="" type="checkbox"/><br>PARTNERS/EXECUTIVE OFFICERS ARE <input checked="" type="checkbox"/><br>OTHER                                   | 00100079      | 03/18/95                         | 03/18/96                          | <input checked="" type="checkbox"/> STATUTORY LIMITS<br>EACH ACCIDENT \$ 100,000<br>DISEASE - POLICY LIMIT \$ 500,000<br>DISEASE - EACH EMPLOYEE \$ 100,000   |



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

**CERTIFICATE HOLDER**  
COUNTY OF LAKE  
BUILDING DEPT  
2293 N 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 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  
Elizabeth Jefferson Agent  
ACORD CORPORATION 1993

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