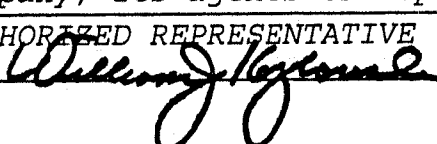


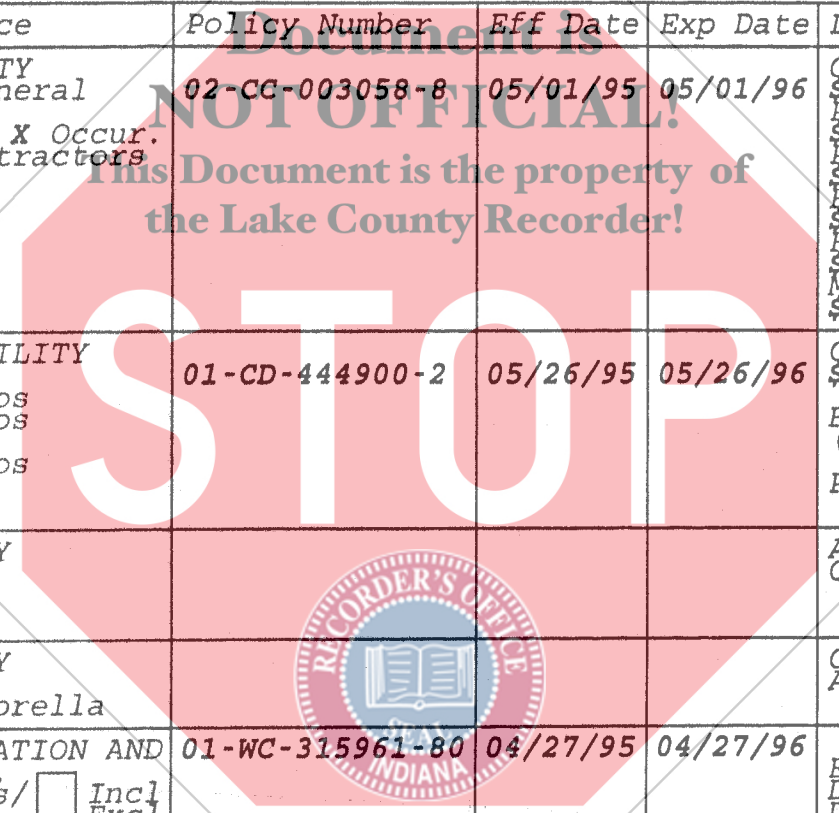
CERTIFICATE OF INSURANCE		(25-S 3/93)	Date (MM/DD/YY) 02/21/96
Producer KOZLOWSKI-LAMB AGENCY INC. INSURANCE - TAX SERVICE 5002 Magoun Ave - PO Box 2327 East Chicago Indiana 46312 (219)397-3759 - (219)398-0916 Code Sub Code 13-45359	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter coverage afforded by the policies below. Company Letter A _____ American Economy Insurance Company Company Letter B _____ American States Insurance Company Company Letter C _____ Company Letter D _____		
Insured LEO & SON'S INC. FEED & GARDEN CT P.O. Box 380 Cedar Lake, IN 46303			

COVERAGES
 This is to certify that policies of insurance listed below have been issued to the insured named above for the 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.

C	Type of Insurance	Policy Number	Eff Date	Exp Date	Liability Limits
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Claims Made & Occur. <input checked="" type="checkbox"/> Owner's & Contractors Protective	02-CC-003058-8	05/01/95	05/01/96	General Aggregate \$ 1,000,000.00 Prod-Comp/Ops Agg \$ 1,000,000.00 Per. & Adver. \$ 1,000,000.00 Each Occurrence \$ 1,000,000.00 Fire Damage \$ 50,000.00 Medical Expense \$ 5,000.00
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos	01-CD-444900-2	05/26/95	05/26/96	Comb. Single Lim. \$ 300,000.00 Bodily Injury (Person/Accident) Property Damage
	GARAGE LIABILITY Any Auto				Auto Only OT Auto Only: Ea. Acc. Aggreg.
	EXCESS LIABILITY Umbrella Form Other than Umbrella				Occur. Aggregate
B	WORKERS COMPENSATION AND EMPLOYERS' LIAB. Proprietor/Ptnrs/Exec Officers: <input type="checkbox"/> Incl <input type="checkbox"/> Excl	01-WC-315961-80	04/27/95	04/27/96	Statutory Lim Each Acc. Dis. Lim Dis. Emp.
B	OTHER Lake County Unified Bond License/Permit Bond	01-EX-848432	03/17/96	03/17/97	\$ 5,000.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 General Landscaping & Gardening Operations

CERTIFICATE HOLDER Lake County Plan Commission Lake County Indiana Lake Co Government Center ATTN: Records Office 2293 North Main Street Crown Point, Indiana 46307	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, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. AUTHORIZED REPRESENTATIVE 
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STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 APR - 11 1996
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