

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
4/17/1996

**PRODUCER**  
General Insurance Services  
P.O. Box 70  
Laporte, IN 46350  
(219)362-2113 Fax(219)324-9852

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** MERIDIAN
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

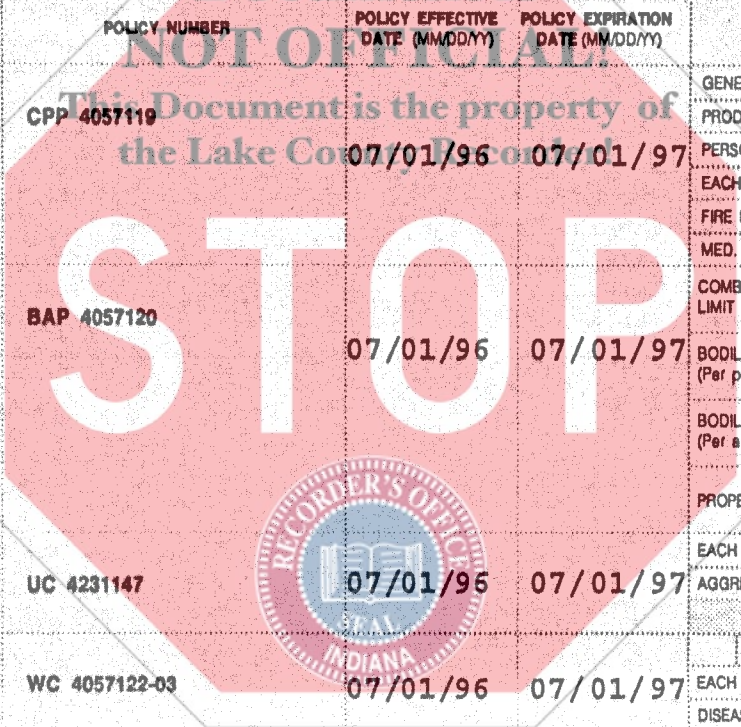
96028383

**INSURED**  
WILLSONS LANDSCAPING CO.  
PO BOX 266  
LAPORTE IN 46350

**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	<b>GENERAL LIABILITY</b>	CPP 4057119	07/01/96	07/01/97	GENERAL AGGREGATE
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>				PRODUCTS-COMP/OP AGG.
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE
A	<b>AUTOMOBILE LIABILITY</b>	BAP 4057120	07/01/96	07/01/97	FIRE DAMAGE (Any one fire)
	<input checked="" type="checkbox"/> <b>ANY AUTO</b>				MED. EXPENSE (Any one person)
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT
	SCHEDULED AUTOS				BODILY INJURY (Per person)
	HIRE AUTOS				BODILY INJURY (Per accident)
	NON-OWNED AUTOS	PROPERTY DAMAGE			
	GARAGE LIABILITY	EACH OCCURRENCE			
A	<b>EXCESS LIABILITY</b>	UC 4231147	07/01/96	07/01/97	AGGREGATE
	<input checked="" type="checkbox"/> <b>UMBRELLA FORM</b>				STATUTORY LIMITS
	OTHER THAN UMBRELLA FORM				EACH ACCIDENT
A	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC 4057122-03	07/01/96	07/01/97	DISEASE - POLICY LIMIT
					DISEASE - EACH EMPLOYEE
A	<b>OTHER</b>	BAP 4057120	07/01/96	07/01/97	Ded. comp.
	<b>AUTO PHYSICAL DAMAGE</b>				Ded. collisi



96 MAR 21 1996  
 FILED  
 STATE OF INDIANA  
 RECORDER  
 10:00 AM

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**  
LAKE COUNTY PLAN COMMISSION  
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 30 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  
*[Signature]*