

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

05/13/96

PRODUCER
 John J. Racich Ins. Agency
 8049 Cleveland Pl.
 P.O. Box 10806
 Merrillville, In 46410
 (219) 736-7100

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 | AETNA INSURANCE |
| COMPANY LETTER | B | |
| COMPANY LETTER | C | |
| COMPANY LETTER | D | |
| COMPANY LETTER | E | |

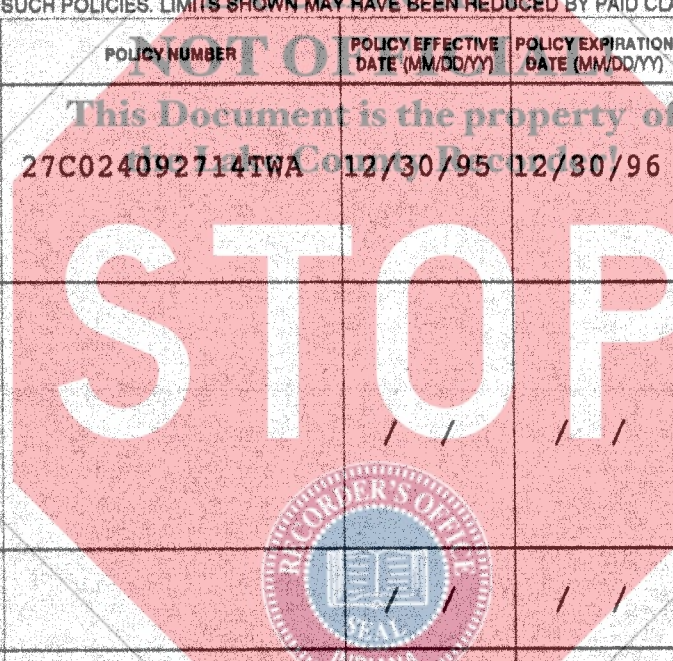
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INSURED
 Feledy Contracting
 8649 Fairway Drive
 St. John Indiana IN 46373
 (219) 365-3922

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 |
|--------|---|-----------------|----------------------------------|-----------------------------------|---------------------------------------|
| X | GENERAL LIABILITY | 27C024092714TWA | 12/30/95 | 12/30/96 | GENERAL AGGREGATE \$2,000,000 |
| X | COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS-COMP/OP AGG. \$1,000,000 |
| | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | PERSONAL & ADV. INJURY \$1,000,000 |
| X | OWNER'S & CONTRACTOR'S PROT. | | | | EACH OCCURRENCE \$1,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$500,000 |
| | | | | | MED. EXPENSE (Any one person) \$5,000 |
| X | AUTOMOBILE LIABILITY | 27BQ024092714TW | 12/30/95 | 12/30/96 | COMBINED SINGLE LIMIT \$ |
| X | ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | SCHEDULED AUTOS | | | | PROPERTY DAMAGE \$ |
| X | HIRED AUTOS | | | | EACH OCCURRENCE \$ |
| | NON-OWNED AUTOS | | | | AGGREGATE \$ |
| | GARAGE LIABILITY | | | | |
| | EXCESS LIABILITY | | | | |
| | UMBRELLA FORM | | | | |
| | OTHER THAN UMBRELLA FORM | | | | |
| X | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | | | | X STATUTORY LIMITS |
| | | | | | EACH ACCIDENT \$100,000 |
| | | | | | DISEASE-POLICY LIMIT \$500,000 |
| | | | | | DISEASE-EACH EMPLOYEE \$100,000 |
| | OTHER | | | | |




STATE OF INDIANA
 FILE NO. 96H-11-10051
 REC'D
 MAR 21 1996

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
 COUNTY OF LAKE COUNTY
 PLANNING COMMISSION
 2293 N. MAIN ST,
 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

 900 SW