

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CV
EATON-1

DATE (MM/DD/YY)
05/03/96

PRODUCER

Lundeberg Insurance Assoc. Inc
9521 Indianapolis Blvd.
Highland IN 46322-

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

Phone No. 219-924-6090 Fax No. 219-924-2144

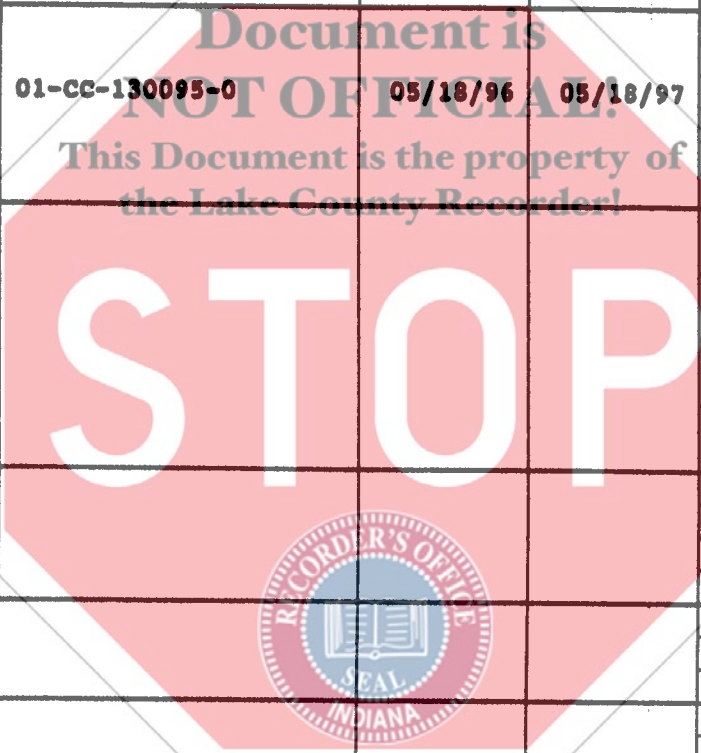
INSURED

EATON'S PAINTING
Sterling M. Eaton
14841 Reeder Road
Crown Point IN 46307

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	01-CC-130095-0	05/18/96	05/18/97	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 0,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 0,000
					FIRE DAMAGE (Any one fire) \$ 0,000
					MED EXP (Any one person) \$ 0,000
					COMBINED SINGLE LIMIT \$ 0,000
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$ 0,000
	ANY AUTO				BODILY INJURY (Per accident) \$ 0,000
	ALL OWNED AUTOS				PROPERTY DAMAGE \$ 0,000
	SCHEDULED AUTOS				AUTO ONLY - EA ACCIDENT \$ 0,000
	HIRED AUTOS				OTHER THAN AUTO ONLY \$ 0,000
	NON-OWNED AUTOS				EACH ACCIDENT \$ 0,000
	GARAGE LIABILITY				AGGREGATE \$ 0,000
	ANY AUTO				EACH OCCURRENCE \$ 0,000
	EXCESS LIABILITY				AGGREGATE \$ 0,000
	UMBRELLA FORM				WC STATUTORY LIMITS \$ 0,000
	OTHER THAN UMBRELLA FORM				EL EACH ACCIDENT \$ 0,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				EL DISEASE - POLICY LIMIT \$ 0,000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL DISEASE - EA EMPLOYEE \$ 0,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
	OTHER				



96035949

FILED FOR RECORD
 MAY 29 1996
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MAY 29 PM 1:15

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE010

LAKE COUNTY PLAN COMMISSION
2293 North 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: *[Signature]*