

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
4/1/96

PRODUCER

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.

FORREST SHERER INC
PO BOX 900
TERRE HAUTE IN 47808-0900
BDOUGLAS 812-232-0441

COMPANIES AFFORDING COVERAGE

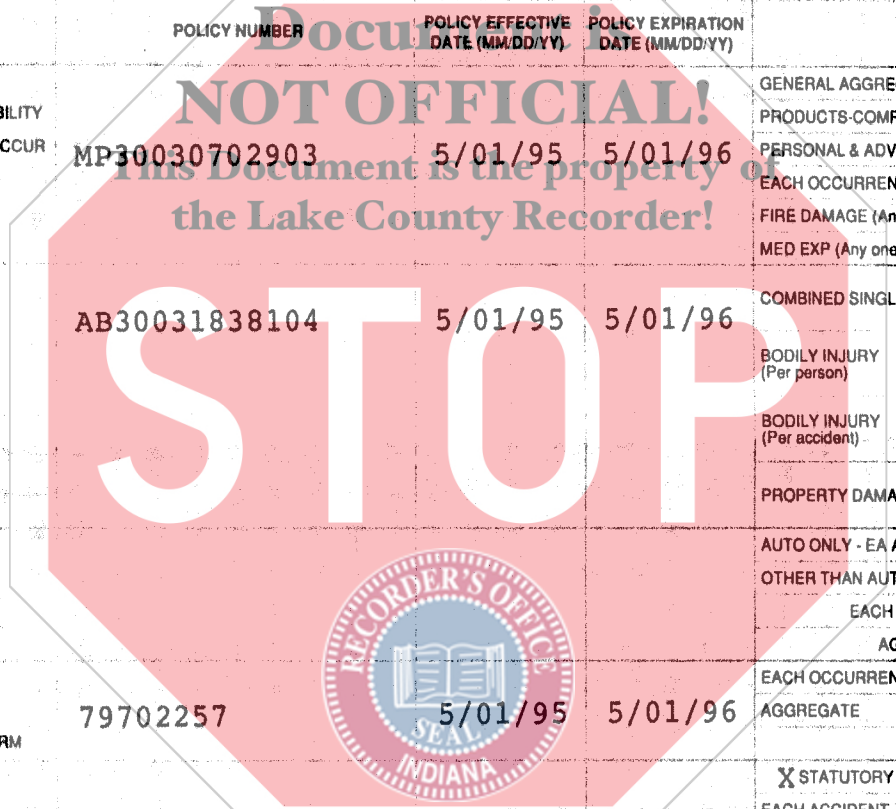
- COMPANY A Federal Insurance Company
- COMPANY B USF&G Company
- COMPANY C
- COMPANY D

INSURED
LEE EQUIPMENT CO INC, dba Lee Company Inc.
27 S 12TH ST
TERRE HAUTE IN 47807

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
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 1,000,000
B X	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 1,000,000
	CLAIMS MADE X OCCUR	MP30030702903	5/01/95	5/01/96	PERSONAL & ADV INJURY \$ 1,000,000
X	OWNERS & CONT PROT				EACH OCCURRENCE \$ 1,000,000
	AUTOMOBILE LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
B X	ANY AUTO	AB30031838104	5/01/95	5/01/96	MED EXP (Any one person) \$ 5,000
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$ 1,000,000
	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
X	HIRED AUTOS				BODILY INJURY (Per accident) \$
X	NON-OWNED AUTOS				PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY \$
	EXCESS LIABILITY				EACH ACCIDENT AGGREGATE \$
A X	UMBRELLA FORM	79702257	5/01/95	5/01/96	EACH OCCURRENCE \$ 2,000,000
	OTHER THAN UMBRELLA FORM				AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X STATUTORY LIMITS
B	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	3117873955	5/01/95	5/01/96	EACH ACCIDENT \$ 500,000
	OTHER				DISEASE - POLICY LIMIT \$ 500,000
					DISEASE - EACH EMPLOYEE \$ 500,000



96 APR -3 AM 10:06
 MARGARET J. CHANEY
 RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Town of Munster
1005 Ridge Road
Munster, IN 46321

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
John B. Douglas

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