

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

02/02/96

**PRODUCER**  
 TILLINGHAST INSURANCE AGY  
 P.O. BOX 69  
 LA PORTE  
 INDIANA 46352

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

**INSURED**  
 LOUCKS PLUMBING &  
 HEATING, INC.  
 2057 North 150 East  
 La Porte, IN 46350

COMPANY LETTER **A** INDIANA INSURANCE COMPANY  
 COMPANY LETTER **B**  
 COMPANY LETTER **C**  
 COMPANY LETTER **D**  
 COMPANY LETTER **E**

### 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
<b>A</b>	<b>GENERAL LIABILITY</b>	23 010 297	12/20/95	12/20/96	GENERAL AGGREGATE \$ 2,000,000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGGR. \$ 1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT \$ <b>96022159</b>
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				EACH OCCURENCE \$
	NON OWNED AUTOS				AGGREGATE \$
	GARAGE LIABILITY				
	<b>EXCESS LIABILITY</b>				STATUTORY LIMITS
	UMBRELLA FORM				EACH ACCIDENT \$ 100,000
	OTHER THAN UMBRELLA FORM				DISEASE-POLICY LIMIT \$ 500,000
<b>A</b>	<b>WORKER'S COMPENSATION</b>	26 039 106 96	12/20/95	12/20/96	DISEASE-EACH EMPLOYEE \$ 50,000
	AND EMPLOYERS' LIABILITY				
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 PLUMBING AND HEATING CONTRACTOR

**CERTIFICATE HOLDER**  
 LAKE COUNTY PLANNING  
 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 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**  
*R. L. Tillinghast*  
 Cdk 8520



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 96 APR - 8 AM 10:44  
 MARGARETTE B. HENDON  
 RECORDER