

# ACORD CERTIFICATE OF INSURANCE

CSR LT VALPE-1 DATE (MM/DD/YY) 03/05/96

**PRODUCER**

Northern Indiana Ins.  
2707 Evans Ave.  
Valparaiso IN 46383

Denny M. Follis

Phone No. 219465153515 Fax No.

**INSURED**

Valparaiso Exterior Designers,  
Inc.  
P. O. Box 144  
Valparaiso IN 46384

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.

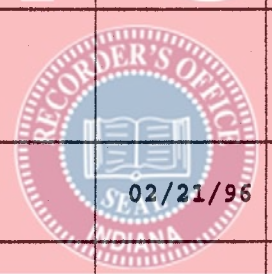
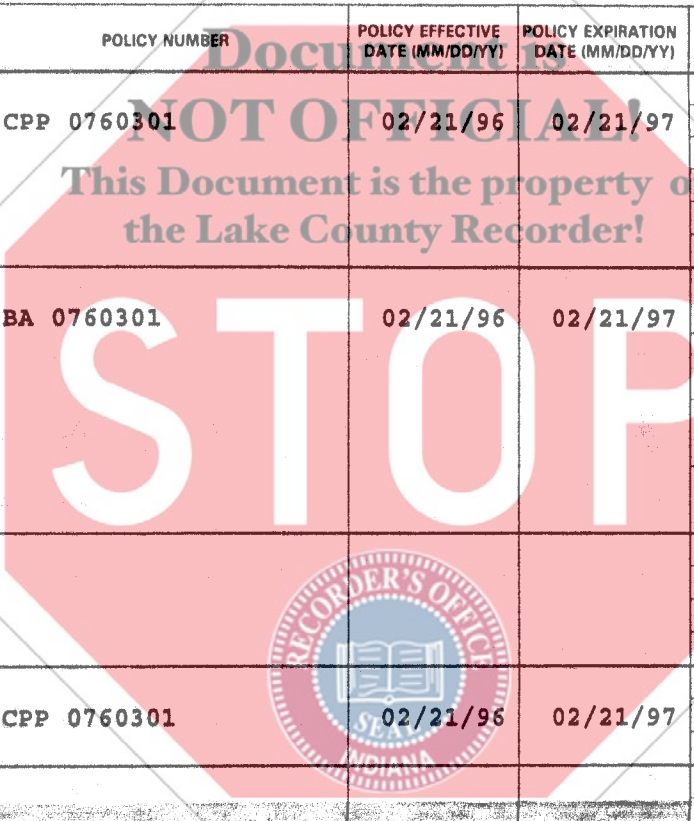
**COMPANIES AFFORDING COVERAGE**

COMPANY A	Frankenmuth Mutual Ins. Co.
COMPANY B	
COMPANY C	
COMPANY D	

**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	<input checked="" type="checkbox"/> GENERAL LIABILITY	CPP 0760301	02/21/96	02/21/97	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	\$ 500,000.
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 500,000.
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	BA 0760301	02/21/96	02/21/97	FIRE DAMAGE (Any one fire)	\$ 50,000.
	<input checked="" type="checkbox"/> ANY AUTO				MED EXP (Any one person)	\$ 5,000.
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT	\$ 500,000.
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
A	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	\$
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
A	<input checked="" type="checkbox"/> EXCESS LIABILITY	CPP 0760301	02/21/96	02/21/97	EACH OCCURRENCE	\$ 3,000,000.
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 3,000,000.
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				SIR	\$ 10,000.
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS	
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	INCL WC 0760301	02/21/96	02/21/97	EACH ACCIDENT	\$ 500,000.
		EXCL WC 0763944	02/21/96	02/21/97	DISEASE - POLICY LIMIT	\$ 500,000.
	<input type="checkbox"/> OTHER				DISEASE - EACH EMPLOYEE	\$ 500,000.



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 96 APR - 8 AM 10:47  
 MARGARET E. O'NEILL  
 RECORDER

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**CERTIFICATE HOLDER**

LAKECOU

Lake County Plan Commission  
2293 N. Main  
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

*John Borchertmeyer*