

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR #8
HOODE-1

DATE (MM/DD/YY)
04/03/96

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

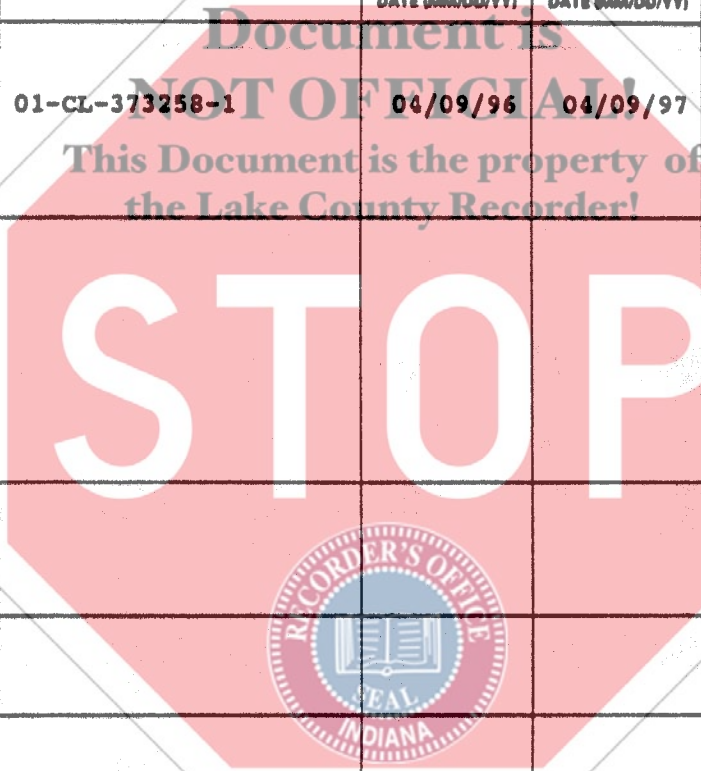
INSURED

WOODEN SHOE PNTG & DECRING INC
9150 Grace Place
Highland IN 46322

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-CL-373258-1 | 04/09/96 | 04/09/97 | 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 |
| | OWNER'S & CONTRACTOR'S PROT | | | | EACH OCCURRENCE \$ 500,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 50,000 |
| | | | | | MED EXP (Any one person) \$ 10,000 |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT \$ 96024003 |
| | ANY AUTO | | | | BODILY INJURY (Per person) |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) |
| | SCHEDULED AUTOS | | | | PROPERTY DAMAGE |
| | HIRED AUTOS | | | | |
| | NON-OWNED AUTOS | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | ANY AUTO | | | | OTHER THAN AUTO ONLY: |
| | | | | | EACH ACCIDENT \$ |
| | | | | | AGGREGATE \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE \$ |
| | UMBRELLA FORM | | | | AGGREGATE \$ |
| | OTHER THAN UMBRELLA FORM | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 01-WG-751924-2 | 03/09/96 | 03/09/97 | WC STATUTORY LIMITS \$ 95 |
| | THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | EL EACH ACCIDENT \$ 100,000 |
| | OTHER | | | | EL DISEASE - EA EMPLOYEE \$ 100,000 |



FILED
LAKE COUNTY RECORD
RECORDER
AM 9:00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE001

LAKE COUNTY PLAN 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

[Signature]