



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

04/05/96

PRODUCER

Spitz & Miller Insurance Agency Inc.
 101 West Columbia
 Griffith IN 46319

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 LETTER **A** **American States Insurance**
 COMPANY LETTER **B** **Hartford Underwriters Inc**
 COMPANY LETTER **C**
 COMPANY LETTER **D**
 COMPANY LETTER **E**

96025620

INSURED

Valentine DePaula
 2158 - 45th Avenue Box 239
 Highland IN 46322

COVERAGES

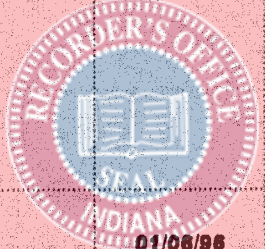
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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)	GENERAL AGGREGATE
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS' & CONTRACTOR'S PROT.	01-CD-602317-30	04/28/96	04/28/97	1000000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				1000000
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				500000
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	77WZKV 0788	01/08/96	01/08/97	500000
	OTHER				100000

PERSONAL & ADV. INJURY	500000
EACH OCCURRENCE	500000
FIRE DAMAGE (Any one fire)	500000
MED. EXPENSE (Any one person)	10000
COMBINED SINGLE LIMIT	\$
BODILY INJURY (Per person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE	\$
EACH OCCURRENCE	\$
AGGREGATE	\$
STATUTORY LIMITS	
EACH ACCIDENT	\$ 100000
DISEASE - POLICY LIMIT	\$ 500000
DISEASE - EACH EMPLOYEE	\$ 100000

NOT FOR RECORD
 This Document is the property of
 the Lake County Recorder!

STOP



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 96 APR 18 PM 4:15
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Lake County Planning Commission
 2293 N. Main St.
 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

Richard C. Miller, Jr.

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