

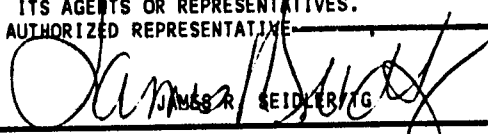
ACORD CERTIFICATE OF INSURANCE ISSUE DATE (MM/DD/YY) 04/01/96

PRODUCER SEIDLER INSURANCE AGENCY LTD 103 WEST MAIN STREET GLENWOOD IL 60425- Code Sub-Code		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.
INSURED AIRBORNE HEATING & AIR CONDITIONING MAINTENANCE CORPORATION 11 FRANKLIN AVE FRANKFORT IL 60423-		COMPANIES AFFORDING COVERAGE COMPANY LETTER A ECONOMY FIRE & CASUALTY - COMPANY LETTER B WORK COMP ASSIGNED RISK - COMPANY LETTER C WESTERN SURETY COMPANY 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 EFF DATE	POLICY EXP DATE	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM GENERAL LIABILITY CLAIMS MADE X OCCUR <input type="checkbox"/> OWNR'S & CONTRCTR'S PROT <input type="checkbox"/>	CL 12 000962	11/01/95	11/01/96	GENERAL AGGREGATE \$ 100000 PROD-COMP/OPS AGGREGATE \$ 100000 PERS & ADVERTISING INJ \$ 100000 EACH OCCURRENCE \$ 100000 FIRE DAMAGE (ONE FIRE) \$ 50000 MED EXPENSE (ONE PERSON) \$ 1000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				COMBINED SINGLE LIMIT \$ 96025628 BODILY INJURY (PER PERS) BODILY INJURY (PER ACC) PROPERTY DAMAGE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
B	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	6JUB850V595795	05/06/96	05/06/97	<input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 100000 DISEASE-POLICY LIMIT \$ 500000 DISEASE-EACH EMPLOYEE \$ 100000
C	OTHER LICENSE/PERMIT BOND LAKE COUNTY & THE VILLAGE & TOWNS THEREOF	L&P60371170	01/01/96	01/01/97	MARGARET E. CULLEN RECORDER 96 APR 19 AM 8:15 1000 FILED FOR RECORD STATE OF INDIANA LAKE COUNTY

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 HEATING AND AIR CONDITIONING

CERTIFICATE HOLDER LAKE COUNTY COMMISSION PLAN DEPARTMENT 2293 NORTH 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 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:  JAMES R. SEIDLER/TG
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900 SW
 CL # 1785