

ACORD. CERTIFICATE OF INSURANCE

CSR AJ
COOPER3

DATE (MM/DD/YY)
04/22/96

PRODUCER
BRIGGS AGENCY, INC.
4000 West Lincoln Highway
P.O. Box 10768
Merrillville IN 46411-0768

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 Insurance Co.
COMPANY B	Economy Fire & Casualty Co.
COMPANY C	
COMPANY D	

Phone No. 800-627-5566 Fax No.
INSURED

RICK COOPER, INC.
226 Chase Drive
Crown Point IN 46307

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-CD-458666-3	07/13/95	07/13/96	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	
					FIRE DAMAGE (Any one fire)	\$ 500,000	
					MED EXP (Any one person)	\$ 25,000	
B	AUTOMOBILE LIABILITY	BF 13 000196	04/13/95	04/13/96	COMBINED SINGLE LIMIT	\$ 300,000	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 100,000	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS							
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	\$	
					AGGREGATE	\$	
	EXCESS LIABILITY				EACH OCCURRENCE	\$	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	01-WC-751879-1	07/13/95	07/13/96	<input checked="" type="checkbox"/> STATUTORY LIMITS	\$	
	<input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> INCL	EACH ACCIDENT	\$ 100,000
					<input type="checkbox"/> EXCL	DISEASE - POLICY LIMIT	\$ 100,000
						DISEASE - EACH EMPLOYEE	\$ 100,000
A	License Bond	EX-848-316	07/17/95	07/17/96	\$5,000	Lk Cty Unif	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Roofing Contractor

CERTIFICATE HOLDER

LAKE003

LAKE CTY PLANNING COMMISSION
2293 North Main Street
Crown Point IN 46307

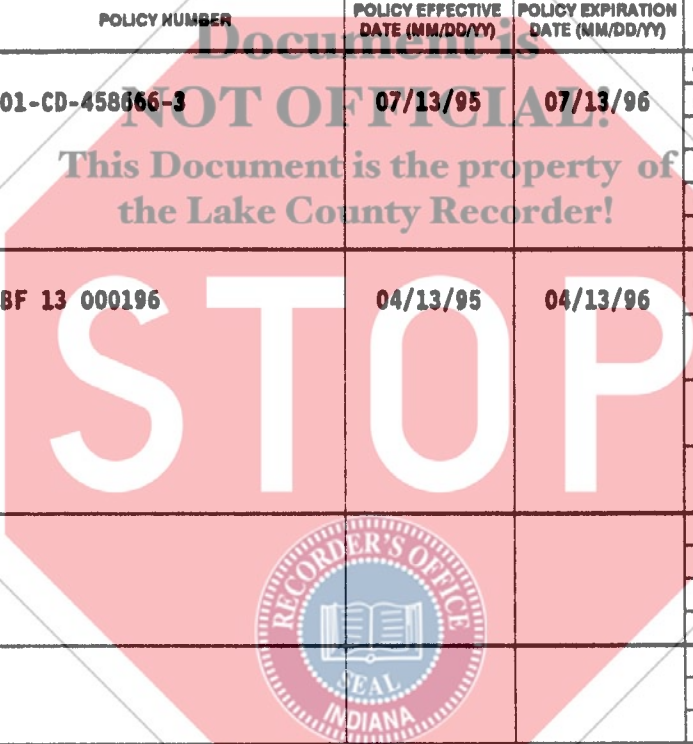
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 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 ON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Handwritten Signature]

900/11



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING
96 APR 22 AM 10:30
RECORDER