

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
04/19/96

PRODUCER

Sarkey Insurance Agency
9467 Joliet St. - Box 315
St. John, IN 46373

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** Progressive Insurance Company
- COMPANY LETTER **B** Travelers Insurance Company
- COMPANY LETTER **C** Maryland Commercial Insurance Group
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

Home Security Services Inc.
D/B/A Stanley Builders
2900 S. US 35 - Box 607
LaPorte, IN 46350

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS						
					EACH OCCURRENCE	AGGREGATE					
C	GENERAL LIABILITY	02219525	01/13/96	01/13/97	<input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL INDEPENDENT CONTRACTORS BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> PERSONAL INJURY	BODILY INJURY \$	\$ 2,000				
	<input type="checkbox"/> PROPERTY DAMAGE				\$	\$ 1,000					
	<input type="checkbox"/> BI & PD COMBINED				\$ 1,000	\$ 2,000					
	<input type="checkbox"/> PERSONAL INJURY				\$ 1,000	\$ 1,000					
	<input type="checkbox"/> ANY AUTO				<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS)	<input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS)	<input type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/> GARAGE LIABILITY	BODILY INJURY (PER PERSON) \$	\$ 500
	<input type="checkbox"/> BODILY INJURY (PER ACCIDENT)				<input type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> BI & PD COMBINED	\$ 500	\$ 500			
	EXCESS LIABILITY				<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	<input type="checkbox"/> BI & PD COMBINED	\$				
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	6JUB335K560691	10/05/95	10/05/96		STATUTORY \$ 100 (EACH ACCIDENT) \$ 500 (DISEASE-POLICY LIMIT) \$ 100 (DISEASE-EACH EMPLOYEE)					
	OTHER										

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

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 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