

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
4/17/96

PRODUCER

Daniels-Shirer Insurance
PO Box 416-1314 N. Main
Crown Point IN 46307

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 | Anthem Casualty |
| COMPANY B | Ohio Farmers |
| COMPANY C | |
| COMPANY D | |

INSURED

Paragon Installations, Inc.
PO Box 799
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 | <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT | AML 1569901 | 1/3/96 | 1/3/97 | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | PRODUCTS-COMP/OP AGG \$ 2,000,000 |
| | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 50,000 |
| | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | COMBINED SINGLE LIMIT \$ |
| | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS | | | | BODILY INJURY (Per person) \$ 06027247 |
| | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | PROPERTY DAMAGE \$ |
| | GARAGE LIABILITY ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN AUTO ONLY: |
| | | | | | EACH ACCIDENT \$ |
| | EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM | | | | AGGREGATE \$ |
| | | | | | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | STATUTORY LIMITS |
| | | | | | EACH ACCIDENT \$ |
| | | | | | DISEASE - POLICY LIMIT \$ |
| A | Tools Coverage | ACM 1569902 | 1/3/96 | 1/3/97 | \$10,000 |
| B | Lake Co. Bond | 5747691 | 4/17/96 | 4/17/97 | \$5,000 |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

SIGN ERECTION, INSTALLATION AND REPAIR

CERTIFICATE HOLDER

CITY OF HOBART
414 MAIN STREET
HOBART IN 46342

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

Troy A. Pl...

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 APR 25 AM 10:30
MARGARET J. CLEVELAND
RECORDER

CK#5429