

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
04/24/96

PRODUCER

LINCOLNWAY INSURANCE SERVICES
140 E. LINCOLN HIGHWAY
SCHERERVILLE, IN 46375
219-865-2227 (FAX) 219-865-2109

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

FUNCTIONAL WALL ART
2401 HICKORY DRIVE
DYER, IN 46311
(219) 865-3275
FAX: () -

| COMPANIES AFFORDING COVERAGE | |
|------------------------------|------------------------------------|
| COMPANY A | BITUMINOUS FIRE & MARINE INSURANCE |
| COMPANY B | WESTERN SURETY COMPANY |
| COMPANY C | |
| COMPANY D | |

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT | CLP2259269 | 04/12/96 | 04/12/97 | 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) \$ |
| | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | PROPERTY DAMAGE \$ |
| | | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ |
| | GARAGE LIABILITY ANY AUTO | | | | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ |
| | | | | | |
| | EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> |
| | | | | | EL EACH ACCIDENT \$ |
| | | | | | EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$ |
| B | OTHER CONTRACTOR BOND FOR LAKE COUNTY | 42051431 | 04/14/96 | 04/14/97 | 5,000 |



96027349

MARGARETTE C...
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
FENCE ERECTION

CERTIFICATE HOLDER

LAKE COUNTY PLAN COMMISSION

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
Mary Wobesty