

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

05/01/96

PRODUCER

R. M. Knutson Insurance Agency

6934 Indianapolis Blvd.
Hammond IN 46324

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** Property Owners Insurance
- COMPANY LETTER **B** Auto Owners Insurance Company
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

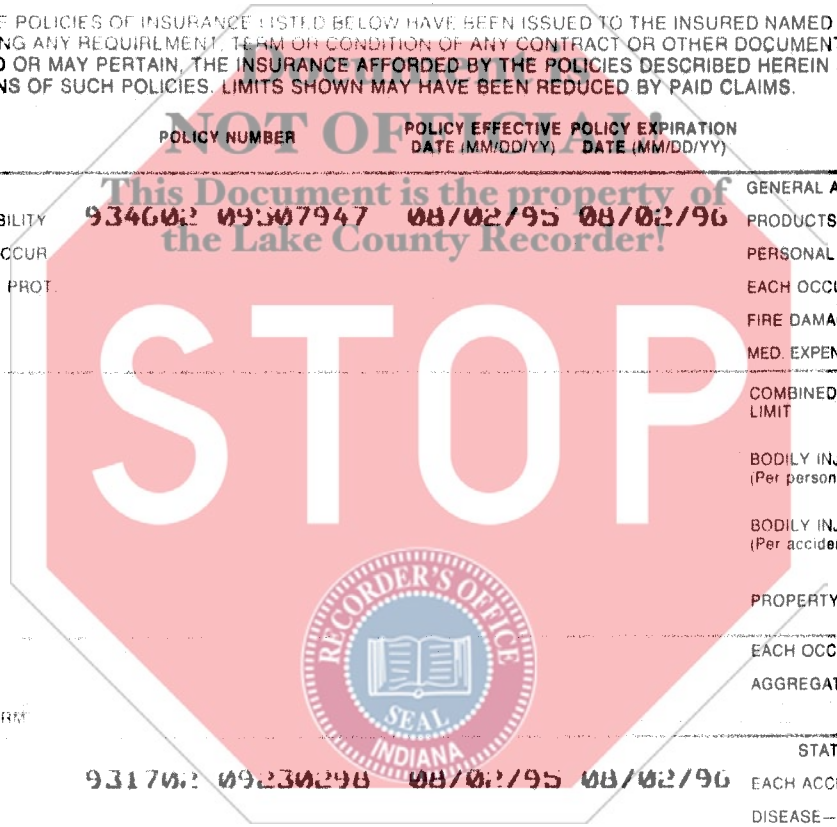
INSURED

Galvan O'Connor Elec., O'C Elec
& O'Connor Construction
1900 Lake Street
Dyer IN 46311

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 X	GENERAL LIABILITY	934602 09307947	08/02/95	08/02/96	GENERAL AGGREGATE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	CLAIMS MADE X OCCUR				PERSONAL & ADV. INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 500,000
	MED. EXPENSE (Any one person) \$ 50,000				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 89,799
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				EACH OCCURRENCE \$
	NON-OWNED AUTOS				AGGREGATE \$
	GARAGE LIABILITY				STATUTORY LIMITS
	EXCESS LIABILITY				EACH ACCIDENT \$ 1,000,000
	UMBRELLA FORM				DISEASE-POLICY LIMIT \$ 500,000
B B	OTHER THAN UMBRELLA FORM				DISEASE-EACH EMPLOYEE \$ 100,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	931702 09230298	08/02/95	08/02/96	
	OTHER				



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 RECORDER
 96 H
 PH 12:40

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
 Lake County Plan Commission
 2293 N. Main St.
 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 UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE