

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

04/19/96

PRODUCER
 John J. Racich Ins. Agency Inc
 8049 Cleveland Pl.
 P.O. BOX 10806
 Merrillville, In 46410
 (219) 736-7100

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** AETNA

COMPANY LETTER **B** HARTFORD

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

96030892

INSURED
 Williams Glass & Mirrors, Inc.
 4455 Broadway
 Gary, IN 46409

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	ACM 24442449	10/03/95	10/03/96	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$2,000,000
					<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	PERSONAL & ADV. INJURY
	OWNERS & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$50,000
					MED. EXPENSE (Anyone per sp)	\$5,000
B	AUTOMOBILE LIABILITY	36 UEC PL0581	09/22/95	09/22/96	COMBINED SINGLE LIMIT	\$500,000
	ANY AUTO				BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				AGGREGATE	\$
GARAGE LIABILITY						
EXCESS LIABILITY	UMBRELLA FORM	/ /	/ /			
	OTHER THAN UMBRELLA FORM					
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	C 0024442449	10/03/95	10/03/96	<input checked="" type="checkbox"/> STATUTORY LIMITS	
					EACH ACCIDENT	\$100,000
					DISEASE-POLICY LIMIT	\$500,000
					DISEASE-EACH EMPLOYEE	\$100,000
OTHER			/ /	/ /		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
 COUNTY OF LAKE COUNTY
 2293 N. MAIN
 COURTHOUSE SQUARE
 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

John Racich

D/C
5/96

PLAT OF SURVEY

The South 172 feet of the West 120 feet of the Northwest $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 22, Township 36 North, Range 9, West of the Second Principal Meridian, in the Town of Highland, Lake County, Indiana.

Conv. 1834
 HOOK, Russell L.
 3601 Highway Avenue
 Highland, Indiana



NOT OFFICIAL!
 This Document is the property of
 the Lake County Recorder!



STATE OF INDIANA }
 County of Lake } S:

This is to certify that I have surveyed the hereinabove described premises and located the improvements thereon; that the plat appearing hereon is a true representation of said survey, and that all improvements described hereon are within the boundary lines of said property, and that no improvements on adjoining property encroach on the property hereinabove described.

M. W. Nicewander

51 Condit Street
 Hammond Indiana
 ADAMS & NICEWANDER
 Registered Engineers & Surveyors

Scale: 1 inch = 30 feet Date 6-12-1955

Top of Map indicates North,
 All dimensions given in feet and decimal parts thereof,
 Shading indicates basement.

Lake Mtgr