IFICATE OF LIABILITY INSURANCE. DATE (MM/DD/YY) 09/04/96 PRODUCER THIS CENTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE OPEN AND THE POLICIES BELOW. **MBAII INSURANCE** 96060446 PO BOX 5609 COMPANIES AFFORDING COVERAGE LAFAYETTE HOGGERDESURANCE CO INSURED COMPANY SERIIAUSEN ENTERPRISES INC 8 14301 W 92ND LN COMPANY C ST JOHN IN 46373 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 AFFOROED 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 POLICY EFFECTIVE POLICY EXPERATION TYPE OF INSURANCE POLICY MA LEATE CANDONNO STAC 07/08/96 BINDER 2,000,000 A GENERAL LIABILITY GENERAL AGGREGATE COMMERCIAL GENERAL LIABILITY 2,000,000 DEFICI PRODUCTS - COMP/OP AGG CLAIMS MADE X OCCUR 1,000,000 REPSONAL & ADV INJURY 1,000,000 OWNER'S & CONTRACTOR'S PROT This Document is the property of EACH OCCUPRENCE 50,000 PIRE DAMAGE (Any one fire) the Lake County Recorder! 5,000 MED EXP (Any one person) AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO ALL OWNED AUTOS BODILY INJURY (Per person) SCHEDULED AUTOR HIPED AUTOS BODILY INJURY NONLOWNED AUTOS PROPERTY DIMAGE GARAGE LIABILITY AUTO ONLY - EA ACCIDENT ANY AUTO OTHER THAN AUTO ONLY: 07/08/97 1,000,000 EXCESS LIABILITY BINDER A EACH OCCUP**RENCE UMBRELLA FORM** AGGREGATE **OTHER THAN UMBRELLA FORM** WC STATU-얦 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 100,000 EL EACH ACCIDENT 07/08/96 07/08/97 BINDER THE PROPRIETOR/ 500,000 INCL EL DISEASE - POLICY LIMIT PARTNERSÆXECUTIVE EL DISEASE - EA EMPLOYEE 100,000 OFFICERS ARE FXC OTHER DESCRIPTION OF OPERATIONS A OCATIONS MEHICLES SPECIAL ITEMS CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL LAKE COUNTY PLAN COMMISSION 10. DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, 2293 N MAIN ST BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY 46307 **CROWN POINT** IN OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Ista D. Turner Cocal **MBAH INSURANCE** ACORD CORPORATION 1988 ACORD 25-8 (1/95)