

**CERTIFICATE OF INSURANCE**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

96 SEP 13 PM 1:50

MARGARETTE CLEVELAND  
RECORDER

98061458

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

Insures the following policyholder for the coverages indicated below:

Name of policyholder ECHTERLING BUILDERS  
 Address of policyholder 7319 FOREST RIDGE DRIVE  
SHERREVILLE, IN 46375-3351  
 Location of operations 7319 FOREST RIDGE DRIVE  
SHERREVILLE, IN 46375-3351

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	
94-08-1777-5F	<input checked="" type="checkbox"/> Comprehensive General Liability	June 28, 1996	June 28, 1997	<input checked="" type="checkbox"/> Dual Limits for:
	<input type="checkbox"/> Manufacturers and Contractors Liability			Each Occurrence \$ <u>1,000,000</u>
	<input type="checkbox"/> Owners, Landlords and Tenants Liability			Aggregate \$ <u>2,000,000</u>
	<input type="checkbox"/> Products - Completed Operations			PROPERTY DAMAGE \$ _____
	<input type="checkbox"/> Owners or Contractors Protective Liability			Each Occurrence \$ _____
	<input type="checkbox"/> Contractual Liability			Aggregate \$ _____
	<input type="checkbox"/> Professional Errors and Omissions			BODILY INJURY AND PROPERTY DAMAGE _____
	<input type="checkbox"/> Broad Form Property Damage			Combined Single Limit for:
	<input type="checkbox"/> Broad Form Comprehensive General Liability			Each Occurrence _____
				Aggregate <u>\$2,000,000</u>
				CONTRACTUAL LIABILITY LIMITS (if different from above)
				BODILY INJURY _____
				Each Occurrence _____
				PROPERTY DAMAGE _____
				Each Occurrence _____
				Aggregate _____
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella			Each Occurrence \$ _____
	<input type="checkbox"/> Other _____			Aggregate \$ _____
	<input type="checkbox"/> Workers' Compensation and Employers Liability			Part 1 STATUTORY
				Part 2 BODILY INJURY
				Each Accident \$ _____
				Disease Each Employee \$ _____
				Disease - Policy Limit \$ _____



**THIS CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.**

Name and Address of Certificate Holder

LAKE COUNTY PLANNING COMMISSION  
 2293 N. MAIN STREET  
 CROWN POINT, IN  
 46307

Alvin S. Dunning  
 Signature of Authorized Representative

AGENT  
 Title

AUGUST 28, 1996  
 Date

Agent's Code Stamp  
900  
CS  
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