ME OF INEW TO

Certificate of Insurance: COUNTY
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO HIGH TO LIGHT HIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICY ESTED BELOW.

This is to Certify that 96062069

THE PACESETTER CORPORATION

ATTN CONNIE THOMAS 4343 SOUTH 96TH ST

OMAHA NE 68127

96 SEP 18 AH 8: 46

MAN Name and addless DER



Is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP. DATE CONTINUOUS EXTENDED POLICY TERM	POLICY NUMBER	LIMIT OF	LIABILITY
WORKERS COMPENSATION INCLUDES OTHER STATES ENDORSEMENT	9/1/97	WA2-64D-004154-016 WC2-641-004154-036	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES: AL, AZ, AR, CA, CO, FL, GA, IL, IN, IA, KS, KY, LA, MI,	EMPLOYERS LIABILITY Bodily Injury By Accident \$500,000 Each Accide
(EXCEPT MONOPOLISTIC STATES)		Documen	MO, MN, MS, NE, NM, NC, OK,	Bodily Injury By Disease \$500,000 Policy Limit
and the second of the second o			DIA I	Bodily Injury By Disease
GENERAL LIABILITY	9/1/97 This D GG2:641-604135-666he General Aggregate • Other than Products/Completed Operations \$2,000,000 ty of the Lake County R exclusive Completed Operations Aggregate			•
OCCURRENCE		Laure Country I	\$1,000,000	,v
CLAIMS MADE			Bodily Injury and Property Damage La \$1,000,000	bility Per Occurrence
	RETRO DATE		Personal Injury \$1,000,000	Per Person/ Organization
			Other FIRE LEGAL LIABILITY \$500,00 EACH FIRE	Other MEDICAL PAYMENTS \$10,000 EA PERSON
AUTOMOBILE LIABILITY	9/1 /97	AS2-641-004154-076	\$1,000,000	Each Accident - Single Lim B.I. and P.D. Combined
M OWNED		E COLUMN TO THE STATE OF THE ST		Each Person
NON-OWNED			3	Each Accident or Occurren
HIRED		E VEAL		Each Accident or Occurrent
THER		WOJANA.		on on a lateral management was supported to
SIDING INSTALLATION		•	•	

* If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date. SPECIAL NOTICE-OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE

THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST 30 DAYS

NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

LAKE COUNTY PLAN COMMISSION

293 NORTH MAIN ST CROWN POINT IN 46307

CERTIFICATE HOLDER

OFFICE

913-648-5900

AUTHORIZED REPRESENTATIVE

Overland Park, KS

PHONE NUMBER

DATE ISSUED

Liberty Mutual Group