

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
1/18/96

96 OCT -1 PM 2:39

PRODUCER
Kirke-Van Orsdel, Incorporated
P.O. Box 10395
Des Moines, Iowa 50306-0395
515-243-1830

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	Travelers Insurance Companies
COMPANY LETTER	B	Travelers Insurance Companies
COMPANY LETTER	C	Crum & Forster Commercial Ins
COMPANY LETTER	D	Travelers Insurance Companies
COMPANY LETTER	E	

INSURED

Seneca Companies, Inc.
4140 East 14th Street
Des Moines IA 50313

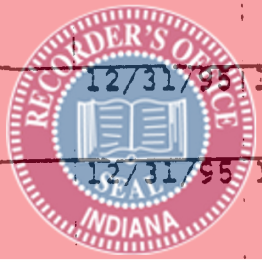
COVERAGES

THIS IS TO CERTIFY THAT 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. LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> HOMEOWNERS <input checked="" type="checkbox"/> CONTRACTORS PROTECTIVE	66012783699C	12/31/95	12/31/96	GENERAL AGGREGATE \$ 2000 PRODUCTS-COMPLETED AGGREGATE \$ 1000 PERSONAL & ADVERTISING INJURY \$ 1000 EACH OCCURRENCE \$ 1000 FIRE DAMAGE (ANY ONE FIRE) \$ 50 MEDICAL EXPENSE (ANY ONE PERSON) \$ 5
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> GARAGE LIABILITY	81012783699E	12/31/95	12/31/96	SOBOLY \$ 1000 HOURLY \$ PER \$ PER \$ PER \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	553033062	12/31/95	12/31/96	EACH OCCURRENCE \$ 1000 AGGREGATE \$ 1000
D	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	UB383K220795	12/31/95	12/31/96	STATUTORY \$ 100 EACH ACCIDENT \$ 500 \$ 100

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STOP



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The above liability limits apply as of policy inception.

CERTIFICATE HOLDER

Lake County Planning Commission

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

REVISED
[Signature]

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