CERTIFICATE OF INSURANCE						ISSUE DATE (MM/DD/YY) 10/01/96		
PRODUCER Certificate Number:JWP-HYR0147  MARSH & McLENNAN, INC. 1166 AVENUE OF THE AMERICAS NEW YORK, N.Y. 10036-2774		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN.						
		COMPANIES AFFORDING COVERAGE						
		COMPANY LETTER A CIGNA PROPERTY & CASUALTY INSURANCE CO.						
JWP/HYRE ELECTRIC CO. OF INDIANA, INC. 2655 GARFIELD STREET HIGHLAND, IN 46322		COMPANY B NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.						
			COMPANY C PACIFIC EMPLOYERS INSURANCE COMPANY					
		COMPANY D						
COVERAGES				THE ABOUT TOR TH	E BOLLOV BEBLOD IN	DICATED.	and the second of the second	
THIS IS TO CERTIFY THAT POLICIES OF NOTWITHSTANDING ANY REQUIREMEN BE ISSUED OR MAY PERTAIN, THE INSU CONDITIONS OF SUCH POLICIES. LIMITS	INSURANCE LISTED BELOW HAVE IT, TERM OR CONDITION OF ANY C RANCE AFFORDED BY THE POLICIE S SHOWN MAY HAVE BEEN REDUCE	ONTRACT ES DESCRIE D BY PAID	ED TO THE INSURED NO OR OTHER POCUMENT BED HEREIN IS SUBJECT CLAIMS.	WITH RESPECT TO W	HICH THIS CERTIFICA EXCLUSIONS, AND	ATE MAY		
CO TYPE OF INSURANCE	POLICY NUMBER	. U	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		LIMIT	3	
GENERAL LIABILITY	This Docu				GENERAL AGGREG	ATB	\$ 2,000,000+	
A X COMMERCIAL GENERAL LIABILITY	HDO GH 896471-5	ce Co	)ul9@y/98ec	010/01/97	PRODUCTS-COMPAC		\$ 4,000,000 \$ 1,500,000	
CLAIMS MADE X OCCUR					PERSONAL & ADV.		\$ 1,500,000	
WNER'S & CONTRACTOR'S PROT.					FIRE DAMAGE (A		\$ 500,000	
<b> </b>					MED. EXPENSE (A			
AUTOMOBILE LIABILITY					COMBINED	,000,000		
A X ANY AUTO	ISA HO 188305-7		10/01/96	10/01/97	SINGLE LIMIT	,000,00	اصعا	
ALL OWNED AUTOS					BODILY INJURY (PER PERSOII)		<b>- a</b>	
SCHEDULED AUTOS							<u> </u>	
X HIRED AUTOS			THE PARTY OF THE P		BODILY INJURY (PER ACCIDENT)		<b>2</b>	
X NON-OWNED AUTOS		Titt	DER'S O		PROPERTY		<del>- 걸</del>	
GARAGE LIABILITY					DAMAGE			
EXCESS LIABILITY		2			occ	EACH URRENCE	<b>COREGATE</b>	
B X UMBRELLA FORM	BE 932 07 75		10/01/96	10/01/97	1/		\$ 15,000,000	
OTHER THAN UMBRELLA FORM	*Umbrella Policy Exces	s of \$8,	Mount	l Aggregate.				
C WORKERS' COMPENSATION	WLR C4 221630-6	101	10/01/96	10/01/97	\$ 1,000,00		EACH ACCIDENT)	
C AND	SCF C4 221631-8		10/01/96	10/01/97	\$ 1,000,00		DISEASE-POLICY LIMIT)	
EMPLOYERS' LIABILITY					\$ 1,000,00		DISEASE- EACH EMPLOYEE)	
ADDITIONAL INSUREDS:							0.96 9.096	
						贵		
DESCRIPTION OF OPERATIONS/LOCATIONS/VE	HICLES/SPECIAL ITEMS					<u> </u>	, · J 💥 🂢	
ALL ELECTRICAL WOF						Ŕ		
						20	<b>9</b> 23	
ODDONA CARE HOLDER		CA	NCELLATION		ing grae casayid	ng ji satasa '	ະ ທ O≺. ຂູ່ພ	
CERTIFICATE HOLDER		1				<u></u>		
LAKE COUNTY PLAN DE LAKE COUNTY GOVERN 2293 N. MAIN STREET	MENT CENTER	EX TO BU	IOULD ANY OF THE PO (PIRATION DATE THER D MAIL 60 DAYS WRITT IT FAILURE TO MAIL	EOF, THE INSURER AI EN NOTICE TO THE CE UCH NOTICE SHALL II	FFORDING COVERAG ERTIFICATE HOLDER MPOSE NO OBLIGATION	E WILL END NAMED HE ON OR	RBIN,	
CROWN POINT, INDIANA	TUJU/	OF	ABILITY OF ANY KIND R REPRESENTATIVES, C	OF THE ISSUER OF THE	IS CERTIFICATE.	,, 113 AUB	WHD	
		MAI	RSH MOLENNAMINO	ORPORATED	Van		d.	
		BY:		L. S.	may		OW	