

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

CSR MH  
WILSB01

DATE (MM/DD/YY)  
10/07/96

PRODUCER  
VALLEY INSURANCE AGENCY, 26067549  
P.O. Box 231  
422 E. State St.  
Geneva IL 60134

Valley Insurance Agency  
Phone No. 708-232-1640 Fax No.

INSURED

Wilson Building Corp.  
James Michaelson  
P.O. Box 803  
West Chicago IL 60185

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.

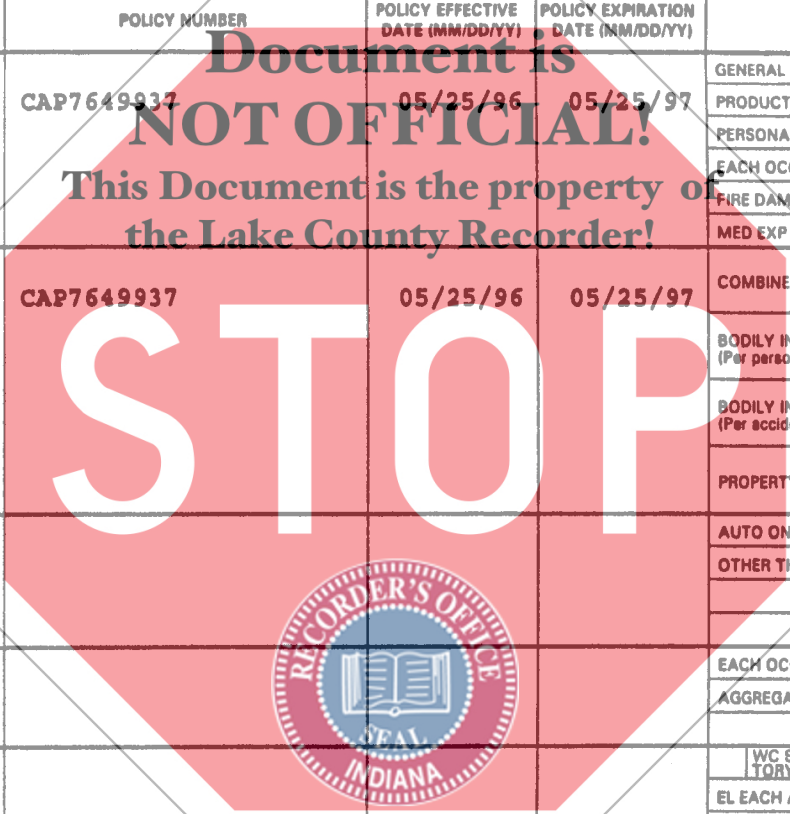
COMPANIES AFFORDING COVERAGE

COMPANY A	RECORDED Cincinnati Insurance Co.
COMPANY B	Assigned Risk
COMPANY C	
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 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CAP7649937	05/25/96	05/25/97	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY	CAP7649937	05/25/96	05/25/97	COMBINED SINGLE LIMIT	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
<input checked="" type="checkbox"/> HIRED AUTOS					AUTO ONLY - EA ACCIDENT	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$
					WC STATUTORY LIMITS	
					OTHER	
B	EXCESS LIABILITY	15559562000984	08/26/96	08/26/97	EL EACH ACCIDENT	\$ 100,000
	<input type="checkbox"/> UMBRELLA FORM				EL DISEASE - POLICY LIMIT	\$ 500,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				EL DISEASE - EA EMPLOYEE	\$ 100,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:					
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL					
	OTHER					



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER  
**HIGH006**  
  
Town of Highland  
3333 Ridge Road  
Highland IN 46322

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  
Valley Insurance Agency

ACORD CORPORATION 1988  
ex #5073