

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Bureau Mutual Insurance Company. 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 coverages afforded by the policies below.

NAMED INSURED AND MAILING ADDRESS

Jane M. Miranda
 PCS Mechanical INC.
 3500 Central Ave.
 Lake Station, In. 46405

CERTIFICATE ISSUED TO

Lake County Planning & Building Dept.
 2293 North Main St.
 Crown Point, In. 46307

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.

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands	
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners & Contractors Protect. <input type="checkbox"/> _____ <input type="checkbox"/> _____	65-7-1503952	9-20-96	9-20-97	General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)	\$1,000, \$1,000, \$500 \$500 \$N/A \$1,
AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Owned Pvt Pass Autos Only <input type="checkbox"/> Owned Other Than Pvt Pass <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____				CSL \$	96067815
UMBRELLA LIABILITY				Each Occurrence \$ Aggregate \$	98 OCT 14 AM 9:59 FILED FOR RECORD STATE OF INDIANA LAKE COUNTY RECORDER
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	63-5-1503953	9-20-96	9-20-97	Statutory - Indiana \$ 100 \$ 500 \$ 100	(Each Accident) (Disability Policy Limit) (Disability Each Employee)
OTHER					

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

10-4-96

Date

[Signature]

Authorized Representative

Only Agency Managers, Assistant Agency Managers and Authorized Home Office personnel may sign the Certificate on behalf of the Company.

Handwritten initials and date: 9/28/96