

ACORD. CERTIFICATE OF INSURANCE

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DATE (MM/DD/YY)
10/23/96

PRODUCER U.S. Insurance Services, Inc.
P.O. Box 10457
Merrillville IN 46411-0457 **96080157**

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	MARGARETTE CLEVELAND General Accident Insurance Company RECORDER
COMPANY B	
COMPANY C	
COMPANY D	

INSURED Edward A. Kirk Corporation
3313 East 83rd Place
Merrillville IN 46410

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	EPF 0026473	11/04/96	11/04/97	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500,000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	BA 0099468	11/04/96	11/04/97	COMBINED SINGLE LIMIT \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" 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 \$				
A	EXCESS LIABILITY	XC 0091901	11/04/96	11/04/97	EACH OCCURRENCE \$ 5,000,000
<input checked="" type="checkbox"/> UMBRELLA FORM	AGGREGATE \$ 5,000,000				
<input type="checkbox"/> OTHER THAN UMBRELLA FORM	\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 0029644	11/04/96	11/04/97	<input checked="" type="checkbox"/> STATUTORY LIMITS
<input type="checkbox"/> INCL	EACH ACCIDENT \$ 500,000				
<input type="checkbox"/> EXCL	DISEASE - POLICY LIMIT \$ 500,000				
OTHER	DISEASE - EACH EMPLOYEE \$ 500,000				



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
Lake County Plan Commission
2293 N. Main St.
Crown Point IN 46307

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 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
George Proquibudi

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