

ACORD. CERTIFICATE OF INSURANCE

STATE OF INDIANA
LAKE COUNTY

CSR MW
ROCHEP1

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

PRODUCER

Rothschild Agency, Inc
8979 Broadway
Merrillville IN 46410-

96084938

Dean Rothschild
219-769-6616

INSURED

↓
Roche Plumbing & Heating, Inc
Dave Christy
4908 West 27th Avenue
Gary IN 46406

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 Meridian Insurance Company

COMPANY B

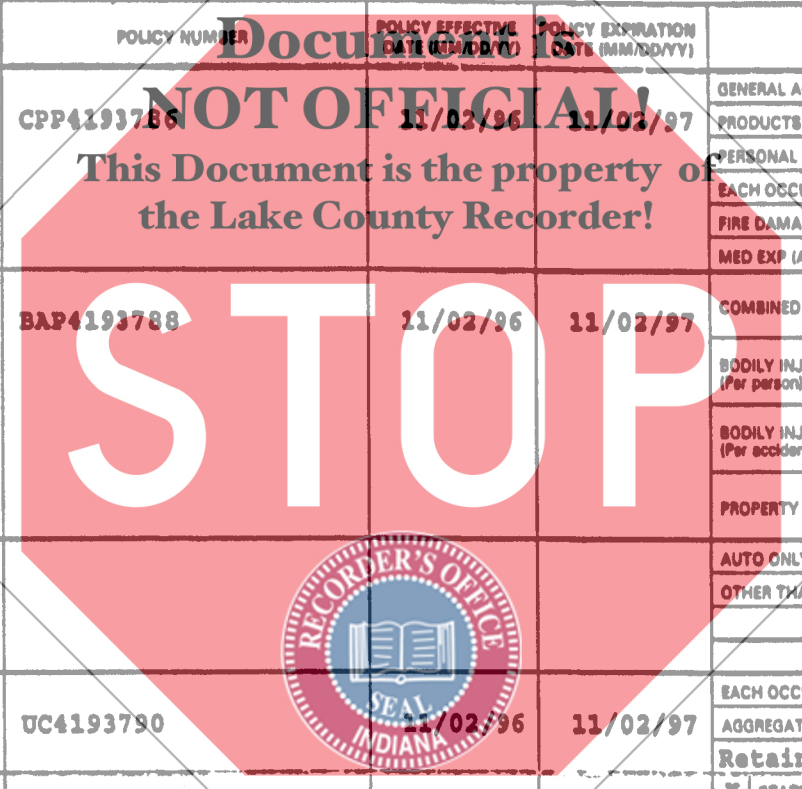
COMPANY C

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	CPP4193786	11/02/96	11/02/97	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> Contractural				FIRE DAMAGE (Any one fire) \$ 50000
A	AUTOMOBILE LIABILITY	BAP4193788	11/02/96	11/02/97	MED EXP (Any one person) \$ 5000
	<input checked="" type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$ 1000000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
A	GARAGE LIABILITY	UC4193790	11/02/96	11/02/97	AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
A	EXCESS LIABILITY	WC4193789	11/02/96	11/02/97	AGGREGATE \$ 5000000
	<input checked="" type="checkbox"/> UMBRELLA FORM				Retained \$ 1000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT \$ 500000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC4193789	11/02/96	11/02/97	DISEASE - POLICY LIMIT \$ 500000
	<input checked="" type="checkbox"/> INCL				DISEASE - EACH EMPLOYEE \$ 500000
	<input type="checkbox"/> EXCL				
A	OTHER	CPP4193786	11/02/96	11/02/97	\$250 Ded
	Equipment Floater				\$250/\$250 Comp/Coll
A	Auto-Phys Damage	CPP4193786	11/02/96	11/02/97	



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAC9007

LAKE CO PLANNING COMMISSION
ATTN: PLUMBING DEPT
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
Dean Rothschild

[Handwritten signature]
CASH 9.00 K5