

# ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
2/4/97rk

**PRODUCER**

DUNELAND NORTHWEST INSURANCE  
100 W. 78th Avenue  
Merrillville, IN 46410

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 AMERICAN STATES INS. CO.  
COMPANY B  
COMPANY C  
COMPANY D

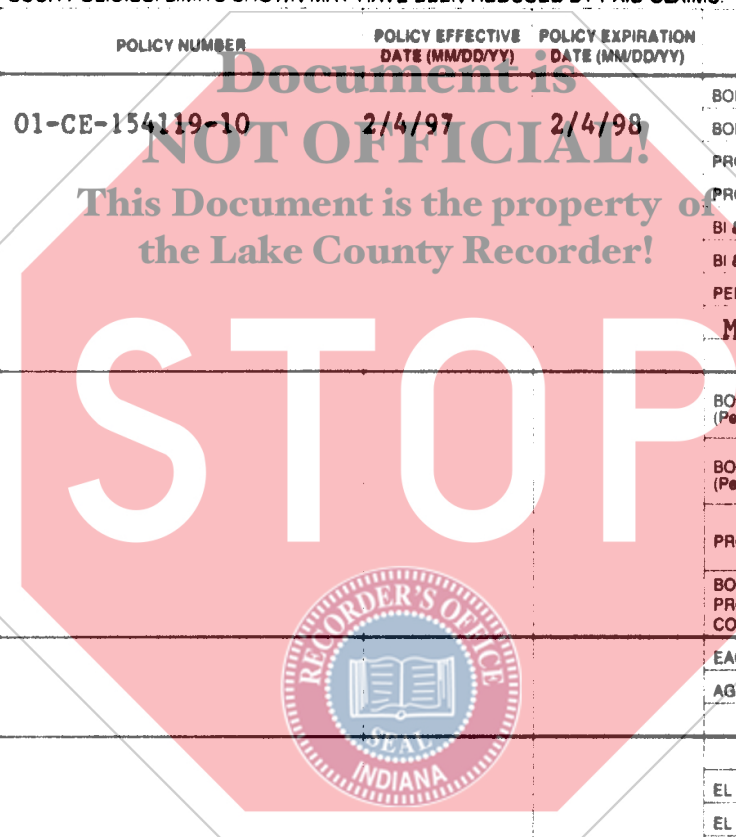
**INSURED**

ALLEN R. PENNINGTON dba  
PENNINGTON HARDWOOD FLOORING  
11199 W. St. Rd. 2, Lot 85  
Westville, IN 46391

**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	<b>GENERAL LIABILITY</b>	01-CE-154119-10	2/4/97	2/4/98	BODILY INJURY OCC
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG
	PREMISES/OPERATIONS				PROPERTY DAMAGE OCC
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE AGG
	PRODUCTS/COMPLETED OPER				BI & PD COMBINED OCC
	CONTRACTUAL				BI & PD COMBINED AGG
	INDEPENDENT CONTRACTORS				PERSONAL INJURY AGG
	BROAD FORM PROPERTY DAMAGE				<b>MEDICAL</b>
	PERSONAL INJURY				
	<b>AUTOMOBILE LIABILITY</b>				
ANY AUTO				BODILY INJURY (Per person)	
ALL OWNED AUTOS (Private Pass)				BODILY INJURY (Per accident)	
ALL OWNED AUTOS (Other than Private Passenger)				PROPERTY DAMAGE	
HIRE AUTOS				BODILY INJURY & PROPERTY DAMAGE COMBINED	
NON-OWNED AUTOS				EACH OCCURRENCE	
GARAGE LIABILITY				AGGREGATE	
<b>EXCESS LIABILITY</b>					
UMBRELLA FORM				WC STATUTORY LIMITS	
OTHER THAN UMBRELLA FORM				OTH. RECORD CENTER	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				EL EACH ACCIDENT	
THE PROPRIETOR	INCL			EL DISEASE - POLICY LIM	
PARTNERS/EXECUTIVE OFFICERS ARE	EXCL			EL DISEASE - EA EMPLOY	
<b>OTHER</b>					



500,000  
1,000,000  
500,000  
6694

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
97 FEB - 4 AM 10:43  
RECORDER CENTER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**  
LAKE COUNTY PLAN & BLDG. DEPT.  
2293 N. Main Street  
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  
*R. Kesser*

CS