

ACORD. CERTIFICATE OF LIABILITY INSURANCE

CSR KV
DEPLA-1

DATE (MM/DD/YY)
02/03/97

PRODUCER

Anton Insurance Agency, Inc.
155 S. Calumet Road POB 563
Chesterton IN 46304-0563

Karen M. Vella
Phone No. 219-926-8681 Fax No.
INSURED

DePlanty Plumbing dba
Robert DePlanty
5083 Sunrise Ave.
Portage IN 46368

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 Auto-Owners Insurance Co.
- 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.

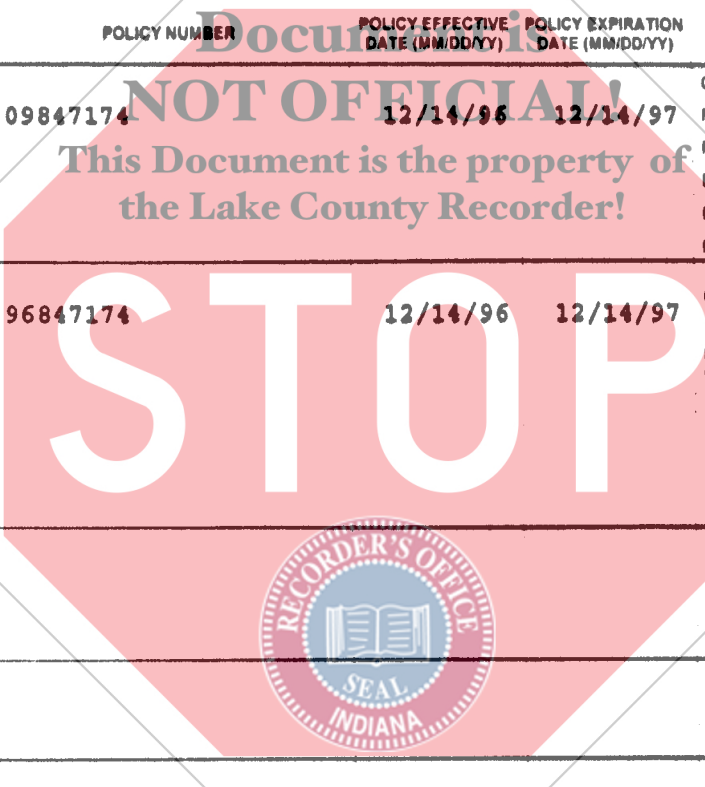
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNERS & CONTRACTORS PROT	09847174	12/14/96	12/14/97	GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$10,000
A	AUTOMOBILE LIABILITY				
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS	96847174	12/14/96	12/14/97	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$100,000 BODILY INJURY (Per accident) \$100,000 PROPERTY DAMAGE \$100,000
	GARAGE LIABILITY				
	ANY AUTO				AUTO ONLY - EA ACCIDENT \$100,000 OTHER THAN AUTO ONLY \$100,000 EACH ACCIDENT \$100,000 AGGREGATE \$100,000
	EXCESS LIABILITY				
	UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$100,000 AGGREGATE \$100,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	THE PROPRIETOR: INCI PARTNERS/EXECUTIVE OFFICERS ARE EXCI OTHER				WC STATUTORY LIMITS \$100,000 OTHER \$100,000 EL EACH ACCIDENT \$100,000 EL DISEASE - POLICY LIMIT \$100,000 EL DISEASE - EA EMPLOYEE \$100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
LAKE011
Lake County Recorder's Office
2293 North Main
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:
Karen M. Vella

ACORD 25-S (1/95) 150 Franklin St. 200
Bula, Murphy, Cartagena + Curry Vellops 46363
ACORD CORPORATION 1988
CK# 1285



97007921

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 FEB 19 1997
MORRIS V. CARTER
RECORDER