

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
03/25/1996

PRODUCER  
M. J. Schuetz Agency  
55 Monument Circle, Suite 500  
P.O. Box 44070  
Indianapolis, IN 46244-0070

FAX (317) 639-6910  
97008548

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.

Attn:  
INSURED  
Apex Ventilating Co. Inc.  
Division of Apex Industries Inc.  
P. O. Box 88030-A  
Indianapolis, IN 46208-0030

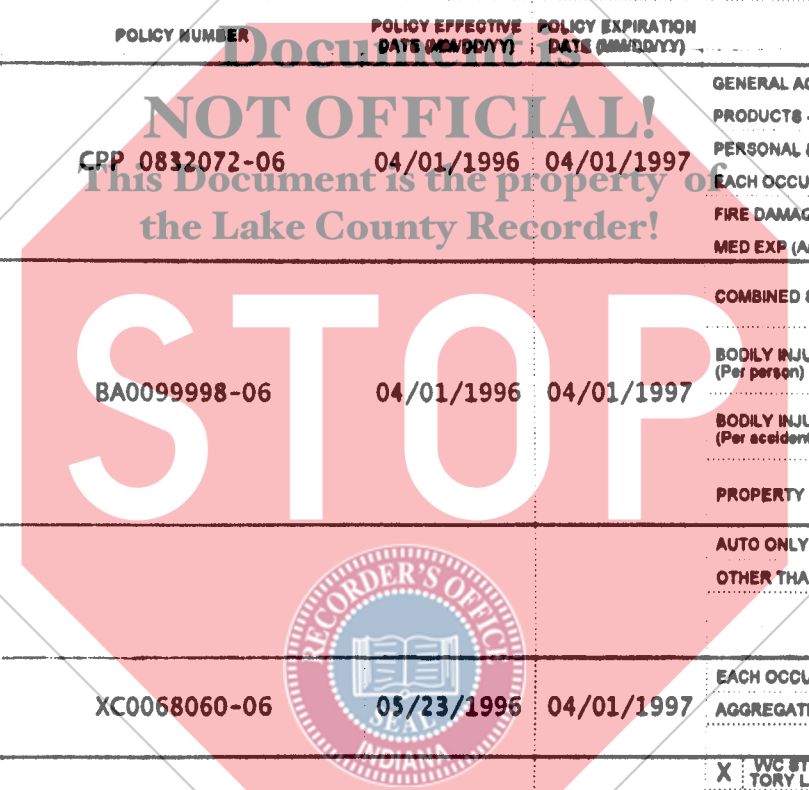
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MOBILE COMPANIES AFFORDING COVERAGE  
RECORDED IN IDENT. FILE  
**M. J. SCHUETZ AGENCY**  
GENERAL LIABILITY - STREET BONDS  
SPECIALIZING IN THE CONSTRUCTION INDUSTRY  
P.O. BOX 44070  
55 MONUMENT CIRCLE  
INDIANAPOLIS IN 46244  
FAX (317) 639-6910  
INDIANAPOLIS INDIANA 46244

## 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	CPP 0832072-06	04/01/1996	04/01/1997	GENERAL AGGREGATE \$ 2,000,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COM/OP AGG \$ 2,000,000
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	BA0099998-06	04/01/1996	04/01/1997	COMBINED SINGLE LIMIT \$ 1,000,000
	X ANY AUTO				BODILY INJURY (Per person) \$
	X ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	X SCHEDULED AUTOS				PROPERTY DAMAGE \$
	X HIRED AUTOS				
X NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	XC0068060-06	05/23/1996	04/01/1997	EACH OCCURRENCE \$ 10,000,000
	X UMBRELLA FORM				AGGREGATE \$ 10,000,000
	OTHER THAN UMBRELLA FORM				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 0173473-06	04/01/1996	04/01/1997	X WC STATU- TORY LIMITS OTH- ER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE				EL EACH ACCIDENT \$ 500,000
	X INCL EXCL				EL DISEASE - POLICY LIMIT \$ 500,000
	OTHER				EL DISEASE - EA EMPLOYEE \$ 500,000



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
RE: LICENSE BOND

## CERTIFICATE HOLDER

LAKE COUNTY AND ALL CITIES, TOWNS & MUNICIPALITIES THEREOF  
2293 NORTH 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 30 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 *[Signature]*