

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR JD
RCARL-1

DATE (MM/DD/YY)

02/18/97

PRODUCER

Horton Insurance Agency, Inc.
14400 John Humphrey Drive
Orland Park IL 60462-2638

Charles A. Naso

Phone No. 708-873-3000 Fax No. 708-873-3001

INSURED

R. Carlson & Sons, Inc.
19140 104th Avenue
Mokena IL 60448

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

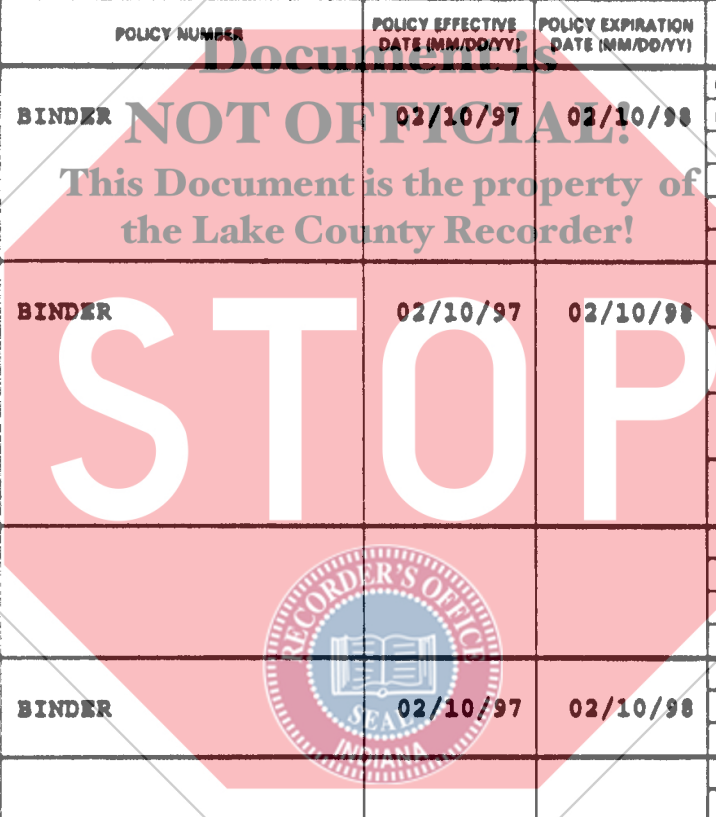
COMPANY A	Amerisure Insurance Company
COMPANY B	Zurich-American Insurance
COMPANY C	
COMPANY D	

97009750

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> XCU INCLUDED	BINDER	02/10/97	02/10/98	GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMP/OP AGG: \$2,000,000 PERSONAL & ADV INJURY: \$1,000,000 EACH OCCURRENCE: \$1,000,000 FIRE DAMAGE (Any one person): \$50,000 MED EXP (Any one person): \$1,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BINDER	02/10/97	02/10/98	COMBINED SINGLE LIMIT: \$1,000,000 BODILY INJURY (Per person): \$1,000,000 BODILY INJURY (Per accident): \$1,000,000 PROPERTY DAMAGE: \$1,000,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT: \$1,000,000 OTHER THAN AUTO ONLY: EACH ACCIDENT: \$1,000,000 AGGREGATE: \$1,000,000
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	BINDER	02/10/97	02/10/98	EACH OCCURRENCE: \$5,000,000 AGGREGATE: \$5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	BINDER	02/10/97	02/10/98	WC STATUTORY LIMITS: \$500,000 OTH-ER: \$500,000 EL EACH ACCIDENT: \$500,000 EL DISEASE - POLICY LIMIT: \$500,000 EL DISEASE - EA EMPLOYEE: \$500,000
A	OTHER Property	BINDER	02/10/97	02/10/98	
B	Pollution Liab	PCC809182100	02/18/97	02/18/98	\$1,000,000



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKEC-9

Lake County Plan Commission
Planning & Building Dept.
2293 N. Main Street
Crown Point IN 48307

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

Glenn M Horton

9/10 SW

lc. cb. #14293