

# ACORD CERTIFICATE OF LIABILITY INSURANCE

STATE OF INDIANA  
 FILED FOR RECORDING  
 97 FEB 24 1997  
 MORE RECORDS

CSR 68  
 LUEEL-1  
 DATE (MM/DD/YY)  
 02/24/97

PRODUCER  
 Fleming, Bates & Barber Inc.  
 P. O. Box 907  
 Crown Point IN 46307

97011605

Mark A. Bates, CIC, AAI  
 Phone No. 219-663-2483 Fax No.

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  
 W. CARTER  
 American States Insurance Co.

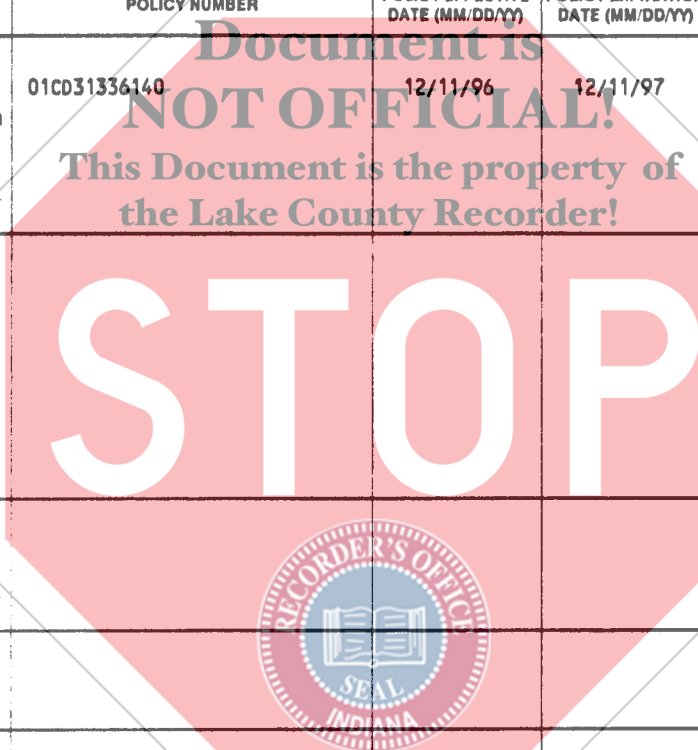
COMPANY B  
 COMPANY C  
 COMPANY D

INSURED  
 Luebcke Electric  
 Dean E. Luebcke DBA  
 511 East 101st Ave.  
 Crown Point IN 46307

### 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>	01CD31336140	12/11/96	12/11/97	GENERAL AGGREGATE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 500,000
	<b>AUTOMOBILE LIABILITY</b>				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> ANY AUTO				MED EXP (Any one person)	\$ 10,000
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE	\$
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS	OTHER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE				EL EACH ACCIDENT	\$
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE	\$
	<b>OTHER</b>					



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER  
 LAKE002  
 LAKE COUNTY PLAN COMMISSION  
 2293 N. 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  
 Mark A. Bates, CIC, AAI

Handwritten signature: Mark A. Bates  
 ACORD CORPORATION 1995