

ACORD. CERTIFICATE OF INSURANCE

PRODUCER
The Bekan Insurance Group, Inc.
800 Deer Creek Dr.
Po Box 568
Schererville IN 46375-
(219) 865-1515

97012697

97 FEB

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.

MORRIS W. CARTER
RECORDER

COMPANIES AFFORDING COVERAGE

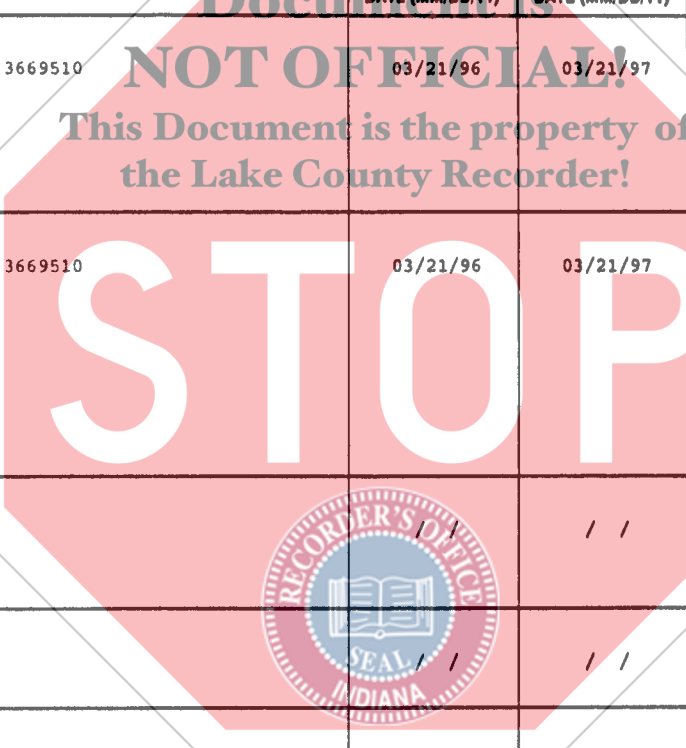
INSURED
Seasons Set-Up Service
84 E. 700 N.
Valparaiso IN 46383-
(219) 465-1338

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
X	GENERAL LIABILITY	3669510	03/21/96	03/21/97	GENERAL AGGREGATE \$2,000,000
	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$2,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000
A	AUTOMOBILE LIABILITY	3669510	03/21/96	03/21/97	FIRE DAMAGE (Any one fire) \$50,000
	ANY AUTO				MED EXP (Any one person) \$5,000
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$500,000
	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS				BODILY INJURY (Per accident) \$
NON-OWNED AUTOS	PROPERTY DAMAGE \$				
	GARAGE LIABILITY			/ /	AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
	EXCESS LIABILITY			/ /	AGGREGATE \$
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	3669510	03/21/96	03/21/97	STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$100
					DISEASE - POLICY LIMIT \$500
					DISEASE - EACH EMPLOYEE \$100
	OTHER			/ /	/ /



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
CONSTRUCTION/MAINTANCE

CERTIFICATE HOLDER

Lake County Plan Commission
Lake County License Department
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
[Signature]

Handwritten notes: 1059, 11