ACORD. CERTIFICATE OF LIABILITY INSURANCE ANNO 09/29/97							
PRODUCER			TRIBATION	FIGHTH AND SELE	DASA MATTER OF IN	09/29/97	
Smith Insurance Agency 618 East Third Street Hobart IN 46342 Richard L. Smith 97065508 Phone No. 219-942-1148 Fax No. 219-942-8094 INSURED Sansone Home Improvement Tom Sansone 2200 Timber Street Portage IN 46368			ONLY AND HOLDER, T ALTER THE	THE CERTIFICATE AS SOUED 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. COMPANY A American States Insurance Co. COMPANY B RECORDER COMPANY C COMPANY D			
			27.0CT -				
			B REC				
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.							
ÇO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY				GENERAL AGGREGATE	\$1,000,000.	
A	X COMMERCIAL GENERAL LIABILITY	01-CD-514789-4	11/10/96	11/10/97	PRODUCTS - COMP/OP AGG	\$1,000,000.	
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY	\$ 500,000.	
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 500,000.	
					FIRE DAMAGE (Any one fire)	\$ 50,000.	
٨	AUTOMOBILE LIABILITY X ANY AUTO	01-CD-514789-4	11/10/96	11/10/97	MED EXP (Any one person) COMBINED SINGLE LIMIT	\$ 5,000. \$ 500,000.	
	ALL OWNED AUTOS SCHEDULED AUTOS		25, 25, 25	35, 23, 51	BODILY INJURY (Per person)	6	
	HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	6	
					PROPERTY DAMAGE	6	
	GARAGE LIABILITY	:			AUTO ONLY - EA ACCIDENT	6	
	ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	\$	
	EXCESS LIABILITY				AGGREGATE EACH OCCURRENCE	8	
	UMBRELLA FORM				AGGREGATE	\$	
	OTHER THAN UMBRELLA FORM					\$	
	WORKERS COMPENSATION AND				WC STATU- OTH-		
	EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$	
	THE PROPRIETORY PARTNERS/EXECUTIVEINCL				EL DISEASE - POLICY LIMIT	6	
	OFFICERS ARE: EXCL.				EL DISEASE - EA EMPLOYEE	8	
DE80	CRIPTION OF OPERATIONS/LOCATIONS/VE	HICLES/SPECIAL ITEMS		L		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CEF	RTIFICATE HOLDER		CANCELLAT	ION	i en en de de la companya de la comp		
	Lake County Buildir	LAKCOO2	SHOULD ANY EXPIRATION 10 DAYS BUT FAILURE	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 OBLICATION OR LIABILITY			
	2293 North Main Sti	reet		OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			

ACORD 25-S (1/95)

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