

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

07/23/97

**PRODUCER**

PAMPALONE INS. AGENT, INC.  
 6695 BROADWAY  
 MERRILLVILLE, IN 46410

(219) 736-6000  
 M J PAMPALONE, SR    BM

**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.**

**97 NOV 28 COMPANIES AFFORDING COVERAGE**

**INSURED**

PERMA-GREEN SUPREME, INC.  
 9310 MISSISSIPPI STREET  
 CROWN POINT, IN 46307

- COMPANY LETTER **A** SCOTTSDALE INS CO
- COMPANY LETTER **B** THE HARTFORD
- COMPANY LETTER **C** ITT HARTFORD
- COMPANY LETTER **D**
- COMPANY LETTER **E**

**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
<b>A</b>	GENERAL LIABILITY	*CLS390728	07/01/97	07/01/98	GENERAL AGGREGATE    \$    1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.    \$    1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY    \$    1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE    \$    1,000,000
					FIRE DAMAGE (Any one fire)    \$    100,000
					MED. EXPENSE (Any one person)    \$    NONE
<b>B</b>	AUTOMOBILE LIABILITY	36UENPL8417	07/01/97	07/01/98	COMBINED SINGLE LIMIT    \$    1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)    \$
	ALL OWNED AUTOS				BODILY INJURY (Per Accident)    \$
	SCHEDULED AUTOS				PROPERTY DAMAGE    \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				
<b>C</b>	EXCESS LIABILITY	77WZKW5151	07/03/97	07/03/98	EACH OCCURRENCE    \$
	UMBRELLA FORM				AGGREGATE    \$
	OTHER THAN UMBRELLA FORM				
<b>C</b>	WORKER'S COMPENSATION	77WZKW5151	07/03/97	07/03/98	STATUTORY LIMITS
	AND				EACH ACCIDENT    \$    500,000
	EMPLOYER'S LIABILITY				DISEASE-POLICY LIMIT    \$    500,000
					DISEASE-EACH EMPLOYEE    \$    500,000
<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 \*SUBJECT TO \$250 DEDUCTIBLE  
 RE: BOND #30695306 ALL CITIES, TOWNS AND MUNICIPALITIES IN LAKE COUNTY, IN

**CERTIFICATE HOLDER**

LAKE COUNTY PLAN COMMISSION  
 2293 N. 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 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

*M J Pampalone*

*DS 10/97*