

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR SF
GARYS-2

DATE (MM/DD/YY)
03/31/97

PRODUCER

The Braman Agency, Inc.
8601 Connecticut Street
Merrillville IN 46410-6286

Jeff R. Biesen
Phone No. 219-738-2526 Fax No. 219-738-1833

INSURED

Gary Sign Company
Pioneer Signs, Inc. d/b/a
Pioneer Signs, Inc. d/b/a
3289 East 83rd Place
Merrillville IN 46410

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 CNA Insurance Company

COMPANY B

COMPANY C

COMPANY D

97083

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 | C706770644 | 04/01/97 | 04/01/98 | GENERAL AGGREGATE | \$ 1,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) | \$ 50,000 |
| | | | | | MED EXP (Any one person) | \$ 50,000 |
| | | | | | COMBINED SINGLE LIMIT | \$ 500,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | C506770645 | 04/01/97 | 04/01/98 | BODILY INJURY (Per person) | \$ 50,000 |
| | | | | | BODILY INJURY (Per accident) | \$ 50,000 |
| | | | | | PROPERTY DAMAGE | \$ 50,000 |
| | | | | | AGGREGATE | \$ 50,000 |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | OTHER THAN AUTO ONLY: | |
| | | | | | AGGREGATE | \$ |
| | EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | WCC306770646 | 04/01/97 | 04/01/98 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTH-ER |
| | | | | | EL EACH ACCIDENT | \$ 100,000 |
| | | | | | EL DISEASE - POLICY LIMIT | \$ 500,000 |
| | | | | | EL DISEASE - EA EMPLOYEE | \$ 100,000 |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LCPC002

Lake County Planning Comm.
Planning & Building Dept.
2293 N. Main Street
Crown Point, IN 46307

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED 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
 Jeff R. Biesen

10/11/97