

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR MS
MELIN-1

DATE (MM/DD/YY)
12/09/97

PRODUCER

Smith Insurance Agency
618 East Third Street
Hobart IN 46342

Richard L. Smith, CIC, AAI
Phone No. 219-942-1148 Fax No. 219-942-8094

INSURED

Wellons, Inc. DBA
Ray's Lawn Service
ATT: Ray Wellons
451 Taney Street
Gary IN 46404

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 American States Insurance Co.
- COMPANY B Progressive Companies
- 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 |
|--|--|-----------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY | 01-CD-458879-5 | 06/03/97 | 06/03/98 | GENERAL AGGREGATE \$ 2,000,000. |
| | <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. |
| | | | | | FIRE DAMAGE (Any one fire) \$ 100,000. |
| | | | | | MED EXP (Any one person) \$ 10,000. |
| B | AUTOMOBILE LIABILITY | CA0-48-28-891-1 | 12/25/96 | 12/25/97 | COMBINED SINGLE LIMIT \$ 50/100/50 |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) |
| | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE |
| | <input type="checkbox"/> HIRED AUTOS | | | | |
| <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN AUTO ONLY |
| | | | | | EACH ACCIDENT |
| | | | | | AGGREGATE |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE |
| | <input type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 01-WC-711721-5 | 06/03/97 | 06/03/98 | WC STATUTORY LIMITS |
| | <input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: | | | | EL EACH ACCIDENT \$ 100,000. |
| | <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | EL DISEASE - POLICY LIMIT \$ 500,000. |
| | <input type="checkbox"/> OTHER | | | | EL DISEASE - EA EMPLOYEE \$ 100,000. |

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKCO-9

Lake County
ATT: Building Department
2293 North Main Street
Crown Point IN 46342

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

Richard L. Smith, CIC, AAI

Handwritten: 6557