

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR HS  
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	\$ 1,000,000.
	<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.
	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	\$
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 50/100/50
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	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	OTHER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT	\$ 100,000.
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT	\$ 500,000.
	<input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE	\$ 100,000.
	OTHER					

87084  
 229  
 STATE OF INDIANA  
 DEPT OF REVENUE  
 9 PM 12/10/97

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Landscape Contractor

### CERTIFICATE HOLDER

MERR009

TOWN OF MERRILLVILLE  
13 W. 73RD AVENUE  
MERRILLVILLE, IN 46410

### 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