

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR KV
DEPLA-1

DATE (MM/DD/YY)
12/29/97

PRODUCER

Anton Insurance Agency, Inc.
155 S. Calumet Road POB 563
Chesterton IN 46304-0563

Karen M. Vella
Phone No. 219-926-8681
INSURED

97089116

DePlanty Plumbing dba
Robert DePlanty
5083 Sunrise Ave.
Portage IN 46368

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.

FILED FOR RECORD COMPANIES AFFORDING COVERAGE

COMPANY A Auto Owners Insurance Co.
97 DEC 29 11 18
COMPANY B MORRIS M. GANTNER
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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	09847174	12/14/97	12/14/98	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPI/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$ 10,000								
A	AUTOMOBILE LIABILITY <input 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	96847174	12/14/97	12/14/98	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE \$ 500,000								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$								
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$								
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	09708966	04/01/97	04/01/98	<table border="1"> <tr> <td>WC STATU- TORY LIMITS</td> <td>OTH- ER</td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td>\$ 100,000</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td>\$ 500,000</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td>\$ 100,000</td> </tr> </table>	WC STATU- TORY LIMITS	OTH- ER	EL EACH ACCIDENT	\$ 100,000	EL DISEASE - POLICY LIMIT	\$ 500,000	EL DISEASE - EA EMPLOYEE	\$ 100,000
WC STATU- TORY 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

LAKE011

Lake County Recorder's Office
2293 North Main
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

Karen M. Vella *Karen M. Vella*

© ACORD CORPORATION 1988

521 10⁰² PK