

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR LK  
SCHEF-2

DATE (MM/DD/YY)  
12/08/97

**PRODUCER**

The Wright Insurance Agency  
7020 Broadway  
Merrillville IN 46410

Samuel W. Wright  
Phone No. 219-769-6688  
INSURED

Fax No. 219-769-1231

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 12/10/97

**COMPANIES AFFORDING COVERAGE**

COMPANY A 97 Dec 28 2 11:43 By Insurance Companies

COMPANY B MORRIS W. CENTER

COMPANY C

COMPANY D

Scheffler Enterprises, Inc.  
dba Thermal Energy  
420 E Commercial Ave  
Lowell IN 46356

**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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	AML7481701	08/01/97	08/01/98	GENERAL AGGREGATE \$ 200000
					PRODUCTS - COMP/OP AGG \$ 200000
					PERSONAL & ADV INJURY \$ 100000
					EACH OCCURRENCE \$ 100000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED EXP (Any one person) \$ 5000
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ABA7481703	08/01/97	08/01/98	COMBINED SINGLE LIMIT \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
	<b>EXCESS LIABILITY</b> UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> THE PROPRIETOR, PARTNERS/EXECUTIVE OFFICERS ARE	INCL AWC7481704 EXCL	08/01/97	08/01/98	WC STATUTORY LIMITS OTH-ER \$ 500000
					EL EACH ACCIDENT \$ 500000
					EL DISEASE - POLICY LIMIT \$ 500000
	<b>OTHER</b>				EL DISEASE - EA EMPLOYEE \$ 500000

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Heating & Air Conditioning Contractor

**CERTIFICATE HOLDER**

LAKE012

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**

Samuel W. Wright

*Samuel W. Wright*

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