

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
11/25/97

PRODUCER (219) 696-8989

STATE OF INDIANA  
LAKE COUNTY  
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.

**LUMP INSURANCE AGENCY, INC.**  
P.O. BOX 155  
LOWELL, IN 46356-0155 97089171

**COMPANIES AFFORDING COVERAGE**

INDIANA FARMERS MUTUAL

**INSURED**

CARL MATURY CONSTRUCCION  
353 N. NICHOLS STREET.  
LOWELL, IN 46356

- COMPANY B
- 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                                    | 29-23-034654  | 6-13-97                          | 6-13-98                           | GENERAL AGGREGATE            | \$ 500,000 |
| X      | COMMERCIAL GENERAL LIABILITY                         |               |                                  |                                   | PRODUCTS - COMP/OP AGG       | \$         |
|        | CLAIMS MADE 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)     | \$ 5,000   |
|        |  |               |                                  |                                   | COMBINED SINGLE LIMIT        | \$         |
|        | <b>AUTOMOBILE LIABILITY</b>                          |               |                                  |                                   | BODILY INJURY (Per person)   | \$         |
|        | ANY AUTO   |               |                                  |                                   | BODILY INJURY (Per accident) | \$         |
|        | ALL OWNED AUTOS                                      |               |                                  |                                   | PROPERTY DAMAGE              | \$         |
|        | SCHEDULED AUTOS                                      |               |                                  |                                   | AUTO ONLY - EA ACCIDENT      | \$         |
|        | HIRED AUTOS  |               |                                  |                                   | OTHER THAN AUTO ONLY:        |            |
|        | NON-OWNED AUTOS                                      |               |                                  |                                   | EACH ACCIDENT                | \$         |
|        |  |               |                                  |                                   | AGGREGATE                    | \$         |
|        | <b>GARAGE LIABILITY</b>                              |               |                                  |                                   | EACH OCCURRENCE              | \$         |
|        | ANY AUTO   |               |                                  |                                   | AGGREGATE                    | \$         |
|        |  |               |                                  |                                   | WC STATUTORY LIMITS          | OTHER      |
|        | <b>EXCESS LIABILITY</b>                              |               |                                  |                                   | EL EACH ACCIDENT             | \$         |
|        | UMBRELLA FORM  |               |                                  |                                   | EL DISEASE - POLICY LIMIT    | \$         |
|        | OTHER THAN UMBRELLA FORM                             |               |                                  |                                   | EL DISEASE - EA EMPLOYEE     | \$         |
|        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> |               |                                  |                                   |                              |            |
|        | THE PROPRIETOR/ PARTNER/EXECUTIVE OFFICERS ARE       | INCL          |                                  |                                   |                              |            |
|        | OTHER  | EXCL          |                                  |                                   |                              |            |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
CARPENTER CONSTRUCTION

**CERTIFICATE HOLDER**

LAKE COUNTY PLAN COMMISSION

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 REP

*[Signature]*

CS  
10/2/97