

Morrison Galliher/ISU  
3301 W Purdue Ave, PO Box 151  
Muncie, IN 47308-0151  
Attn: Linda Crouch

Ext: 222

INSURED  
Ridge Petroleum Contractor  
3225 S HOYT AVE.  
Muncie, IN 47307

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 Cincinnati Insurance Company
- COMPANY B Cincinnati Casualty
- COMPANY C
- COMPANY D

98041078

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. ID	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPP5512517AWR	05/01/1998	05/01/1999	GENERAL AGGREGATE \$ 600,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 600,000
	CLAIMS MADE X OCCUR				PERSONAL & ADV INJURY \$ 300,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 300,000
A	AUTOMOBILE LIABILITY	CPP5512517AWR	05/01/1998	05/01/1999	FIRE DAMAGE (Any one fig) \$ 100,000
	X ANY AUTO				MED EXP (Any one person) \$ 5,000
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$ 300,000
	SCHEDULED AUTOS				BODILY INJURY (Per person) \$
A	X HIRED AUTOS	CCC4395756	05/01/1998	05/01/1999	BODILY INJURY (Per accident) \$
	X NON-OWNED AUTOS				PROPERTY DAMAGE \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
A	ANY AUTO	WC895497703	05/01/1998	05/01/1999	OTHER THAN AUTO ONLY:
	EXCESS LIABILITY				EACH ACCIDENT \$
	X UMBRELLA FORM				AGGREGATE \$
B	OTHER THAN UMBRELLA FORM	CPP5512517AWR	05/01/1998	05/01/1999	EACH OCCURRENCE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				AGGREGATE \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE				WC STAT. TORY LIMITS \$ 500,000
A	OTHER Physical Damage	CPP5512517AWR	05/01/1998	05/01/1999	EL DISEASE - POLICY LIMIT \$ 500,000
					EL DISEASE - EA EMPLOYEE \$ 500,000
					Comprehensive Ded - \$100
					Collision Ded - \$250



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

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

Brent Webster (N)/LMC

*Brent Webster*

*Handwritten notes and signatures at the bottom of the page.*