

**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)  
10/27/1999

INSURER  
 LUMP INSURANCE AGENCY, INC.  
 PO BOX 155  
 Lowell, IN 46356  
 696-8989

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.

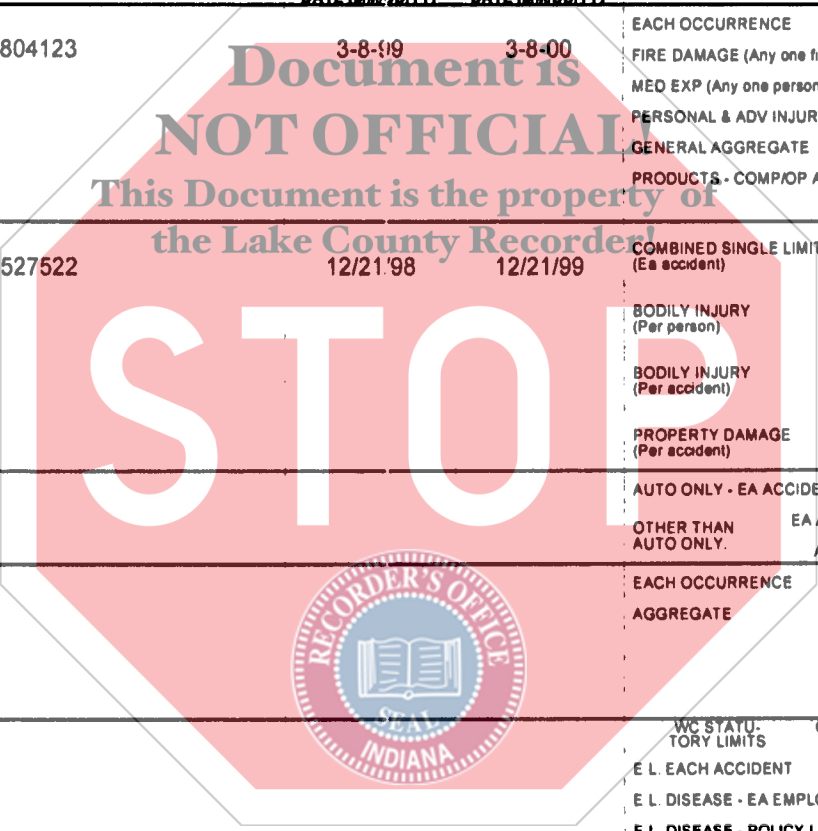
INSURED  
 WEATHER LOCK NORTH WESTERN INDIANA, INC.  
 15510 BARMAN ST.  
 LOWELL, IN 46356  
 99088591

INSURERS AFFORDING COVERAGE  
 INDIANA FARMERS MUTUAL  
 WESTERN SURETY CO.  
 INSURER B  
 INSURER C  
 INSURER D  
 INSURER E  
 RECORDER

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY				EACH OCCURRENCE \$ 500,000
X COMMERCIAL GENERAL LIABILITY	29-50-804123	3-8-99	3-8-00	FIRE DAMAGE (Any one fire) \$ 100,000
CLAIMS MADE OCCUR				MED EXP (Any one person) \$ 5,000
				PERSONAL & ADV INJURY \$ 500,000
				GENERAL AGGREGATE \$ 1,000,000
				PRODUCTS - COMP/OP AGG \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER				
POLICY PROJECT LOC				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 300,000
ANY AUTO	01-10-527522	12/21/98	12/21/99	(Ea accident)
ALL OWNED AUTOS				BODILY INJURY (Per person) \$
X SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
NON-OWNED AUTOS				
GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
ANY AUTO				OTHER THAN AUTO ONLY - EA ACC \$
				AGG \$
EXCESS LIABILITY				EACH OCCURRENCE \$
OCCUR CLAIMS MADE				AGGREGATE \$
				\$
DEDUCTIBLE				\$
RETENTION \$				\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER \$
				E L. EACH ACCIDENT \$
				E L. DISEASE - EA EMPLOYEE \$
				E L. DISEASE - POLICY LIMIT \$
OTHER BOND	42931123	10/27/99	10/27/00	5,000.00



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS  
 DOOR, WINDOW INSTALLATION

CERTIFICATE HOLDER  
 LAKE COUNTY PLAN COMMISSION  
 LAKE COUNTY GOVERNMENT CENTER  
 CROWN POINT, IN 46307

CANCELLATION  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE: NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
*[Signature]*

0571  
 10/27/99