

F. C. Schultz Plumbing  *and Heating Co.*

Phone (419) 782-4075
Residence . . (419) 782-8501

517-519 Perry Street
Defiance, Ohio 43512

1851 Oakwood

October 12, 1989

City of Napoleon
Building Commissioner
Napoleon, OH 43545

Gentlemen:

Please find enclosed the following for your records:

- Signed registration card
- Certificate of Insurance
- Workman's Compensation Certificate

Thank you.

Very truly yours,

SCHULTZ PLUMBING & HEATING CO.


Marvel L. Schultz, partner

MLS/caw

Enclosures (3)



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
10-12-89

PRODUCER

Stauffer-Mendenhall Agency
P.O. box 276
Defiance, Ohio 43512

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 LETTER **A** Cincinnati Insurance Co.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

Marvel L. & Frederick B. Schultz
dba Schultz Plb. & Htg.
517-19 Perry St.
Defiance, Ohio 43512

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
					EACH OCCURRENCE	AGGREGATE	
A	GENERAL LIABILITY	405765	3-29-87	3-29-90	BODILY INJURY	\$ 300	\$ 300
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$ 100	\$ 100
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$	\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$ 300
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
A	AUTOMOBILE LIABILITY	405765	3-29-87	3-29-90	BODILY INJURY (PER PERSON)	\$ 100	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$ 300	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$ 100	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS						
A	EXCESS LIABILITY	CCC 252 0586	11-25-86	11-25-89	BI & PD COMBINED	\$ 2,000	\$
	<input checked="" type="checkbox"/> UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Plumbing and Heating

CERTIFICATE HOLDER

City of Napoleon
Napoleon, Ohio 43545

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 15 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

W. Mendenhall

F. C. Schultz Plumbing and Heating Co.

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Defiance, Ohio 43512

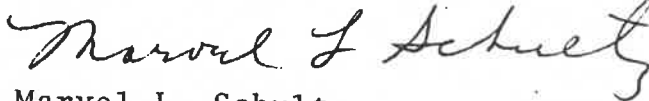
Gentlemen:

We enclose for your records a copy of our new Certificate of Premium payment from the State of Ohio, The Industrial Commission and Bureau of Worker's Compensation for the period of 7/1/89 - 2/28/90

Thank you.

Yours very truly,

SCHULTZ PLUMBING AND HEATING CO.



Marvel L. Schultz,
Partner

MLS/djm
Encl.

STATE OF OHIO

THE INDUSTRIAL COMMISSION & BUREAU OF WORKERS' COMPENSATION

COLUMBUS, OHIO 43215

CERTIFICATE OF PREMIUM PAYMENT

THIS IS TO CERTIFY, AND NOTICE IS HEREBY GIVEN TO ALL PERSONS, that on date hereof the below named employer paid into the State Insurance Fund premium as provided by law and that, therefore, said employer is entitled to the rights and benefits of said fund during the period below set forth. MUST BE POSTED IN A CONSPICUOUS PLACE.

RISK NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

196316

F. C. SCHULTZ & M. L. SCHULTZ
SCHULTZ PLUMBING & HEATING CO
517 PERRY ST
DEFIANCE OH 43512

07-01-89 THRU 02-28-90

BWC-1622 DP-22



ADMINISTRATOR

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED