

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
8/16/95

PRODUCER

RHH / Morency, Weible & Sapa

1717 N Naper Boulevard

Naperville, IL 60563-8839

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** CNA Insurance Company
- COMPANY LETTER **B** US Fire Insurance (Crum)
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

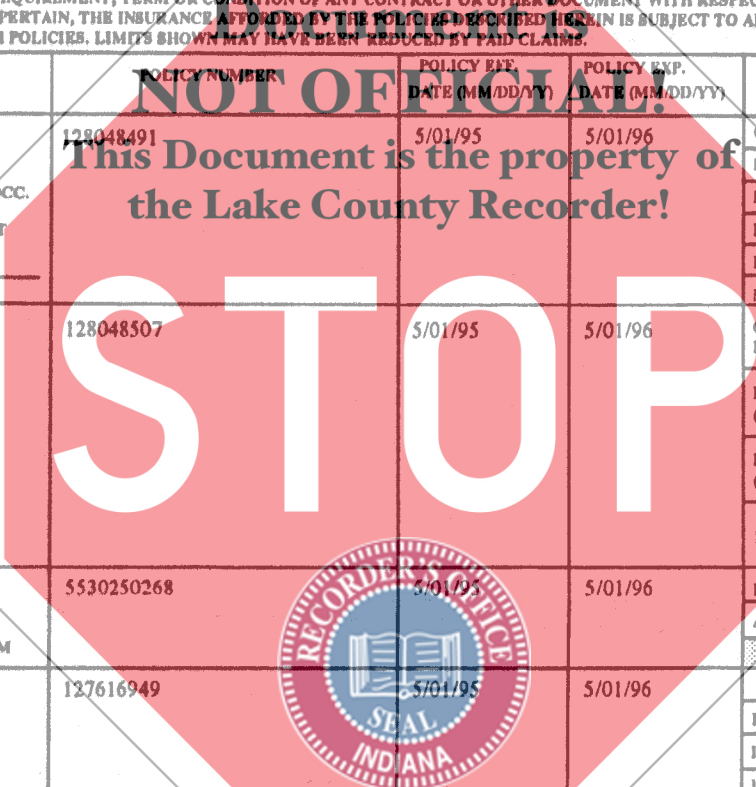
Hans Rosenow Roofing, Co. Inc.

2201 Higgins Road
Elk Grove Villa II. 60007

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 EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	128048491	5/01/95	5/01/96	GENERAL AGGREGATE	2000000
	<input checked="" type="checkbox"/> COMM. GENERAL LIABILITY				PROD. COMP/OP AGG.	1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC.				PERS. & ADV. INJURY	1000000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	1000000
	<input checked="" type="checkbox"/> PER PROJECT AGG.				FIRE DAMAGE (One Fire)	500000
					MED. EXP. (One Per)	50000
A	AUTOMOBILE LIABILITY	128048307	5/01/95	5/01/96	COMBINED SINGLE LIMIT	1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	69
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
B	EXCESS LIABILITY	5530250268	5/01/95	5/01/96	EACH OCCURRENCE	1000000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	1000000
	OTHER THAN UMBRELLA FORM					
A	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	127616949	5/01/95	5/01/96	STATUTORY LIMITS	
					EACH ACCIDENT	1000000
					DISEASE-POLICY LIMIT	1000000
					DISEASE-EACH EMP.	1000000
OTHER						



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
RE: ALL JOBS IN THE STATE OF INDIANA

CERTIFICATE HOLDER

LAKE COUNTY RECORDERS OFFICE
2293 NORTH 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 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 REPRESENTATIVE
Mick Vitek

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