

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

4/18/95rk

PRODUCER

DUNELAND NORTHWEST INSURANCE
100 W. 78th Avenue
Merrillville, IN 46410
219-736-2303

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 AMERICAN STATE INS. CO,
COMPANY B
COMPANY C
COMPANY D

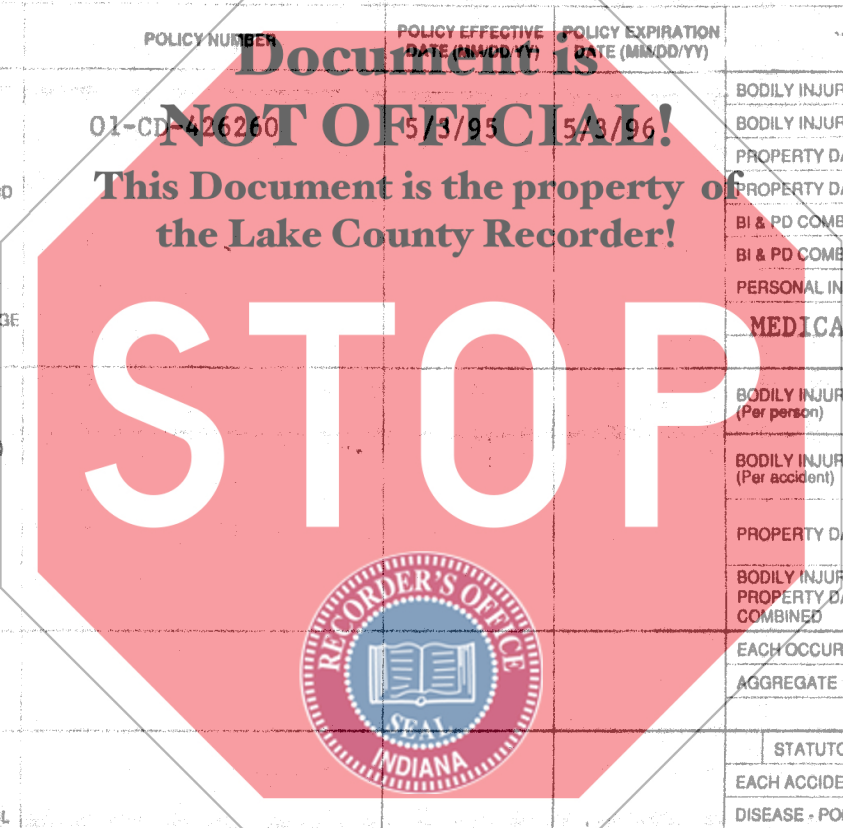
INSURED

DAVE GILBERT
ON THE LEVEL CONSTRUCTION
7715 W. Lincoln Highway
Crown Point, IN 46307

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	01-CD-426260	5/3/95	5/3/96	BODILY INJURY OCC
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				\$ 95052749
	PREMISES/OPERATIONS				\$
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				\$
	PRODUCTS/COMPLETED OPER				\$
	CONTRACTUAL				\$
	INDEPENDENT CONTRACTORS				\$ 000,000
	BROAD FORM PROPERTY DAMAGE				\$ 000,000
	PERSONAL INJURY				\$ 000,000
					MEDICAL
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person)
	ANY AUTO				\$
	ALL OWNED AUTOS (Private Pass)				\$
	ALL OWNED AUTOS (Other than Private Passenger)				\$
	HIRED AUTOS				\$
	NON-OWNED AUTOS				\$
	GARAGE LIABILITY				\$
	EXCESS LIABILITY				PROPERTY DAMAGE
	UMBRELLA FORM				\$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				BODILY INJURY & PROPERTY DAMAGE COMBINED
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE	<input type="checkbox"/> INCL			\$
	OTHER	<input type="checkbox"/> EXCL			\$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					EACH OCCURRENCE
					AGGREGATE
					STATUTORY LIMITS
					EACH ACCIDENT
					DISEASE - POLICY LIMIT
					DISEASE - EACH EMPLOYEE



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING
95 SEP - 7 PM 2:47
MARGARET RECORDED

CERTIFICATE HOLDER

LAKE COUNTY PLAN & BLDG. DEPT.
2293 N. Main St.
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

Roseann Heiser

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ACORD 25-N (3/93)

7522 Independence St. David Gilbert
Merrillville, In 46410

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