

ACORD INSURANCE BINDER

CSR AJ ISSUE DATE (MM/DD/YY)
 ACEEXT1 09/14/95

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

PRODUCER
BRIGGS AGENCY, INC.
 4000 West Lincoln Highway
 P.O. Box 10768
 Merrillville IN 46411-0768

COMPANY
Meridian Mutual Insurance Co.

BINDER NO. **3886**

800-627-5566

CODE 0000724 SUB-CODE

DATE		EFFECTIVE TIME		EXPIRATION DATE		TIME	
09/12/95		12:01	X AM	10/12/95		X	12:01 AM
			PM				NOON

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)
Aluminum siding installation

INSURED
ACE EXTERIORS
ROBERT LOEFFERT DBA
 2210 Gina Street
 Portage IN 46368

950567186

COVERAGES	TYPE OF INSURANCE	CAUSES OF LOSS	COVERAGE/FORMS	LIMITS		
				AMOUNT	DEDUCTIBLE	CONSUR.
PROPERTY	BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC. <input checked="" type="checkbox"/>		Business Personal Property	5000	250	000
			Unscheduled Tools & Equipment	2000	250	
GENERAL LIABILITY	X COMMERCIAL GENERAL LIABILITY	CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	OWNER'S & CONTRACTOR'S PROT.	GENERAL AGGREGATE	\$1,000,000	
				PRODUCTS - COMP/OP AGG.	\$1,000,000	
AUTOMOBILE LIABILITY	ANY AUTO <input type="checkbox"/>	ALL OWNED AUTOS <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/>	PERSONAL & ADV. INJURY	\$ 500,000	
				HIRED AUTOS <input type="checkbox"/>	EACH OCCURRENCE	\$ 100,000
EXCESS LIABILITY	UMBRELLA FORM <input type="checkbox"/>	OTHER THAN UMBRELLA FORM <input type="checkbox"/>	RETRO DATE FOR CLAIMS MADE:	FIRE DAMAGE (Any one fire)	\$ 80,000	
				MED. EXPENSE (Any one person)	\$ 5,000	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				COMBINED SINGLE LIMIT	\$ 21,000,000	
				BODILY INJURY (Per person)	\$ 21,000,000	
SPECIAL CONDITIONS/OTHER COVERAGES				BODILY INJURY (Per accident)	\$ 21,000,000	
				PROPERTY DAMAGE	\$ 21,000,000	
NAME & ADDRESS				MEDICAL PAYMENTS	\$ 21,000,000	
				PERSONAL INJURY PROT.	\$ 21,000,000	
MORTGAGEE				UNINSURED MOTORIST	\$ 21,000,000	
				ACTUAL CASH VALUE	\$ 21,000,000	
LOSS PAYEE				STATED AMOUNT	\$ 21,000,000	
				OTHER	\$ 21,000,000	
LOAN #				EACH OCCURRENCE	\$ 21,000,000	
				AGGREGATE	\$ 21,000,000	
AUTHORIZED REPRESENTATIVE				SELF-INSURED RETENTION	\$ 21,000,000	
				X STATUTORY LIMITS	\$ 21,000,000	
1000 Yr.				EACH ACCIDENT	\$ 100,000	
				DISEASE-POLICY LIMIT	\$ 500,000	
ACORD 75-S (7/90)				DISEASE-EACH EMPLOYEE	\$ 100,000	

