

ACORD. CERTIFICATE OF INSURANCE

CSR RS
POPXOR2


DATE (MM/DD/YY)
09/14/95

PRODUCER

South Suburban Ins. Agency Inc
8330 S. Madison Street, Ste 50
Burr Ridge IL 60521

Arnold S. Paris
709-328-2555

INSURED

Popko Insulation, Inc. 
1655 Union, Suite 206
Chicago Heights, IL 60413

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 States Insurance
COMPANY B	
COMPANY C	
COMPANY D	

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	01CD5705692	03/06/95	03/06/96	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	OWNERS & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
A	AUTOMOBILE LIABILITY	01CD5705692	03/06/95	03/06/96	FIRE DAMAGE (Any one fire) \$ 50,000
	<input checked="" type="checkbox"/> ANY AUTO				MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per person) \$
A	GARAGE LIABILITY	01SU16850120	03/06/95	03/06/96	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ANY AUTO				PROPERTY DAMAGE
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE \$
A	EXCESS LIABILITY	01SU16850120	03/06/95	03/06/96	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 500,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	01WC72778120	03/06/95	03/06/96	STATUTORY LIMITS
	<input checked="" type="checkbox"/> INCL				EACH ACCIDENT \$ 500,000
	<input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT \$ 500,000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				DISEASE - EACH EMPLOYEE \$ 500,000
A	OTHER	01CD5705692	03/06/95	03/06/96	All Risk 200,000 RC/80&CI 250 Ded



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 FILED FOR RECORD
 JACOBSON
 REC'D

STATE OF INDIANA
 LAKE COUNTY

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKR001

Lake County of Indiana
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 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

Arnold S. Paris

Arnold S Paris

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