

ACORD. CERTIFICATE OF INSURANCE

CSR AJ ISSUE DATE (MM/DD/YY)
GABIN1 11/03/95

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

800-627-5566

INSURED

GABINO NUNEZ
 1913 High Street
 Blue Island IL 60406

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

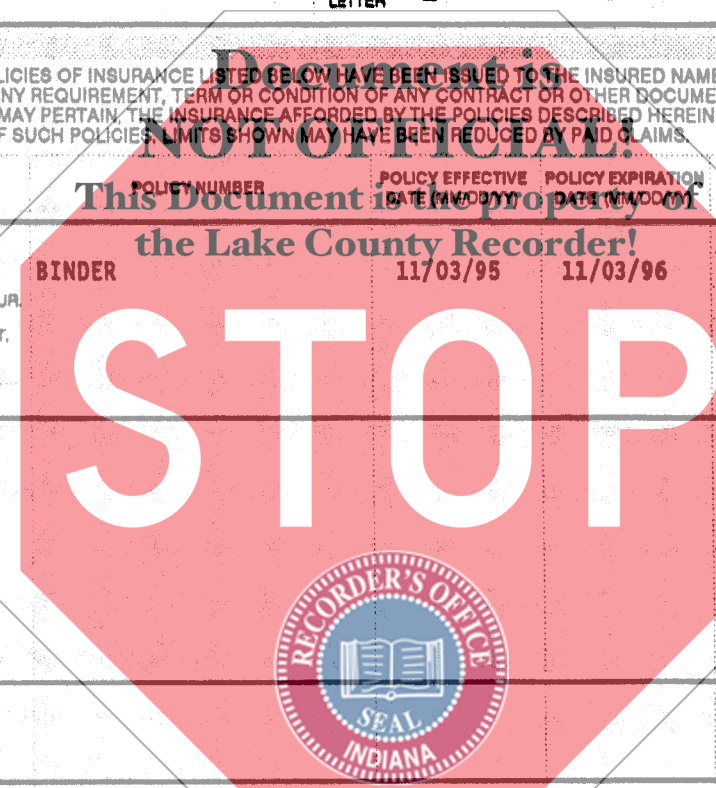
COMPANY LETTER **A** American States Insurance Co.
 COMPANY LETTER **B**
 COMPANY LETTER **C**
 COMPANY LETTER **D**
 COMPANY LETTER **E**

95067384

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 X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNERS' & CONTRACTOR'S PROT.	BINDER	11/03/95	11/03/96	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000 PERSONAL & ADY. INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED. EXPENSE (Any one person) \$ 25,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE EACH OCCURRENCE AGGREGATE
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				STATUTORY LIMITS EACH ACCIDENT DISEASE— POLICY LIMIT DISEASE— EACH EMPLOYEE
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
	OTHER				



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95-0001-1-23
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Drywall Contractor

CERTIFICATE HOLDER

TOWN OF MUNSTER
 1005 Ridge Road
 Munster IN 46321

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

[Handwritten Signature]