

# ACORD. CERTIFICATE OF INSURANCE

CSR KN  
ABD---1

DATE (MM/DD/YY)  
05/09/95

**PRODUCER**  
Securus Insurance Agency, Inc.  
THE SECURUS GROUP  
855 Madison Street  
Oak Park IL 60302-4433

Daniel J. Murphy, Jr.  
708-848-3300

**INSURED**  
ABD Tank & Pump Co., Inc.  
B & R Tank Testing Services  
Inc.  
Attn: Barb Davis  
730 Industrial Drive  
Elmhurst IL 60126

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	The Hartford Insurance Co.
COMPANY B	National Union Fire Ins. Co.
COMPANY C	Illinois National Ins. Co.
COMPANY D	TIG Insurance Group

**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		
C	<input checked="" type="checkbox"/> GENERAL LIABILITY	GLCM3406282RA	05/09/95	05/09/96	GENERAL AGGREGATE	\$2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$2,000,000	
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000	
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000	
					FIRE DAMAGE (Any one fire)	\$50,000	
					MED EXP (Any one person)	\$5,000	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	83UENPI4715	05/09/95	05/09/96	COMBINED SINGLE LIMIT	\$1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$0	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$0	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$0	
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$0	
	<input checked="" type="checkbox"/> HIRED Auto Phys Damage				OTHER THAN AUTO ONLY:	\$0	
					EACH ACCIDENT	\$0	
					AGGREGATE	\$0	
					EACH OCCURRENCE	\$1,000,000	
B	<input checked="" type="checkbox"/> EXCESS LIABILITY	CLN4266238	05/09/95	05/09/96	AGGREGATE	\$1,000,000	
	<input checked="" type="checkbox"/> UMBRELLA FORM				SIR	\$10,000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				STATUTORY LIMITS	\$0	
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCN80096092	05/09/95	05/09/96	EACH ACCIDENT	\$1,000,000	
					THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	DISEASE - POLICY LIMIT	\$1,000,000
						DISEASE - EACH EMPLOYEE	\$1,000,000
	OTHER						



**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
Tank installation, removal; Tank testing services; Operations with Illinois and Indiana hired employees.

**CERTIFICATE HOLDER**

County of Lake County  
Attn: Building Commissioner  
2293 N. Main  
Crown Point IN

LAKE--4

**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

Daniel J. Murphy, Jr.

SK.