

26x-1/85

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/06/95

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** STATEWIDE INSURANCE COMPANY

COMPANY LETTER **B** ITT HARTFORD INSURANCE COMPANY

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

PRODUCER  
OLD ORLAND INSURANCE AGENCY, I  
14308 UNION AVENUE PO BOX 377

ORLAND PARK, IL 60462  
(708) 349-2000

INSURED  
T & M Construction  
955 N. Rt 53 Apt 201 A

Addison **AD** 60101  
(706) 629-0835

### 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	PIC513779A	04/08/95	04/08/96	GENERAL AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AGG \$1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV. INJURY \$1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$50,000
					MED. EXPENSE (Any one person) \$5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$8686
	ANY AUTO				BODILY INJURY (Per person)
	ALL OWNED AUTOS				BODILY INJURY (Per accident)
	SCHEDULED AUTOS				PROPERTY DAMAGE
	HIRED AUTOS				EACH OCCURRENCE
	NON-OWNED AUTOS				AGGREGATE
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	77W2TB4454	04/09/95	04/09/96	<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT
					DISEASE--POLICY LIMIT
					DISEASE--EACH EMPLOYEE
	OTHER				



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
95 NOV - 9 PH 2:56  
MARGARET E. COLEMAN  
RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
1127 CORN WALLACE LANE, MUNSTER, INDIANA

CERTIFICATE HOLDER  
Village Of Munster  
Munster, Indiana

### 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

*[Signature]*

*[Signature]*