

CERTIFICATE

CSB GS 11/02/95

PRODUCER
WATERFIELD INSURANCE AGENCY
 2646 HIGHWAY AVE., SUITE 109
 P.O. BOX 9340
 HIGHLAND IN 46322

219-972-5155

INSURED

IRONWOOD CONSTRUCTION, INC.
 950 150th Street
 PO Box 6312
 Hammond IN 46320

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 **Ohio Casualty Insurance Group**

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 EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY CLAIMS MADE OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S <input type="checkbox"/> PROTECTIVE	BKW9550637423	02/05/95	02/05/96	GENERAL AGGREGATE 2000000 PROD-COMP/OP AGG. 2000000 PERS. & ADV. INJURY 1000000 EACH OCCURRENCE 1000000 FIRE DAMAGE 50000 (ANY ONE FIRE) MED. EXPENSE 5000 (ANY ONE PERSON)
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BKW9550637423	02/05/95	02/05/96	COMB. SINGLE LIMIT 1000000 BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE AUTO ONLY (BA ACC) OTHER / AUTO ONLY; EACH ACCIDENT AGGREGATE
A	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE 1000000 AGGREGATE 1000000
A	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	BXO 9550637423	2-5-95	2-5-96	EACH OCCURRENCE 1000000 AGGREGATE 1000000
A	<input type="checkbox"/> WORKERS COMP. AND EMP. LIAB. <input type="checkbox"/> THE PROPRIETOR/PARTNERS/ <input type="checkbox"/> EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	XWO 9550637423	2-5-95	2-5-96	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT 1000000 DISEASE-POL. LIMIT 1000000 DISEASE-BACH BMP. 1000000
	OTHER				

STOP

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STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95 NOV 8 9:00
 RECORDER
 HIGHLAND

-DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS-

> CERTIFICATE HOLDER <----->
 Lake County Plan Commission
 Ben Nuzzo
 2293 N. 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 30 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
Murray Weber/g
 960
 56
 2847