

Post-It Fax Note 7672

To Margaret M. Cleveland

Company

Location

Fax # 219-755-3257

Telephone #

Comments

No. of Pages

Today's Date

Time

From

Company

Location

Fax # 924-3335

Telephone #

Original Disposition:

Destroy

Return

Call for pickup

Bev State Farms

If you need anything else please let me know.

AGENT'S COPY

CERTIFICATE OF INSURANCE

This certifies that

STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois

STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

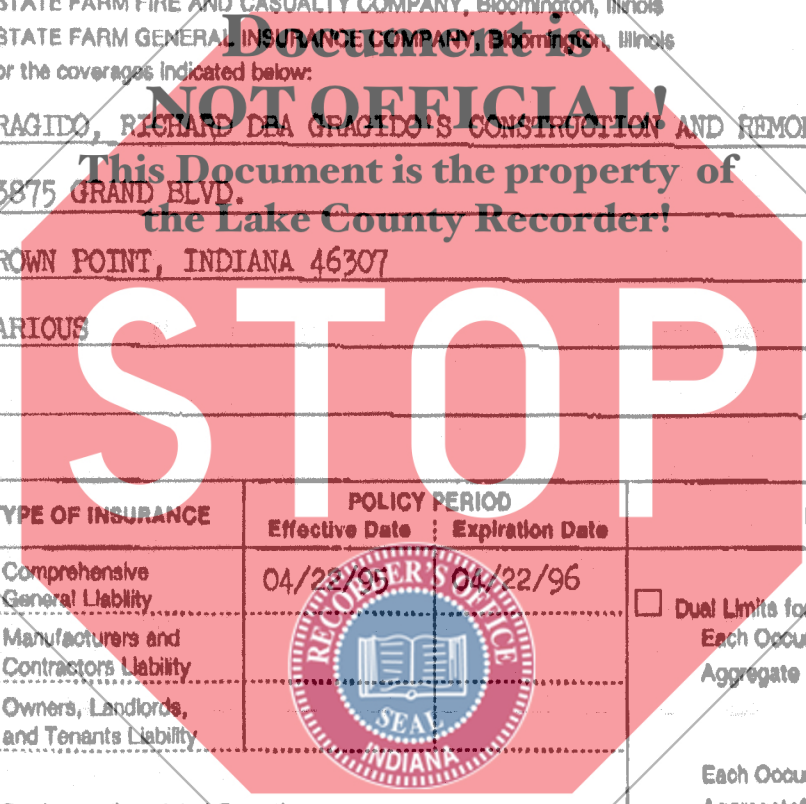
insures the following policyholder for the coverages indicated below:

Name of policyholder GRAGIDO, RICHARD DBA GRAGIDO'S CONSTRUCTION AND REMODELING

Address of policyholder 13875 GRAND BLVD.

CROWN POINT, INDIANA 46307

Location of operations VARIOUS



95068933

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	
94-07-4002-3 F	<input type="checkbox"/> Comprehensive General Liability <input type="checkbox"/> Manufacturers and Contractors Liability <input type="checkbox"/> Owners, Landlords, and Tenants Liability	04/22/95	04/22/96	Each Occurrence \$ 500,000 Aggregate \$ 1,000,000 Each Occurrence \$ 500,000 Aggregate* \$ 1,000,000
This insurance includes: <ul style="list-style-type: none"> <li><input type="checkbox"/> Products - Completed Operations</li> <li><input type="checkbox"/> Owners or Contractors Protective Liability</li> <li><input type="checkbox"/> Contractual Liability</li> <li><input type="checkbox"/> Professional Errors and Omissions</li> <li><input type="checkbox"/> Broad Form Property Damage</li> <li><input type="checkbox"/> Broad Form Comprehensive General Liability</li> </ul>				
				BODILY INJURY AND PROPERTY DAMAGE Each Occurrence _____ Aggregate _____
				CONTRACTUAL LIABILITY LIMITS (if different from above) BODILY INJURY Each Occurrence _____ Aggregate _____
	EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other _____			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ _____ Aggregate \$ _____

STATE OF INDIANA LAKE COUNTY FILED FOR REC'D 95 APR 19 11 00 AM

1100 AS CS

Workers' Compensation and Employers Liability

Part 1 STATUTORY  
Part 2 BODILY INJURY  
Each Accident \$ \_\_\_\_\_  
Disease Each Employee \$ \_\_\_\_\_  
Disease - Policy Limit \$ \_\_\_\_\_

\*Aggregate not applicable if Owners, Landlords, and Tenants Liability Insurance excludes general operations, new construction, or demolition.

**THIS CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.**

Name and Address of Certificate Holder

LAKE COUNTY PLANNING COMMISSION  
2293 NORTH MAIN STREET  
CROWN POINT, INDIANA 46307

Ken Weldon  
Signature of Authorized Representative  
Agent  
The  
Nov. 10, 1995  
Date

Agent's Code Stamp  
K. Weldon  
Highland 3128  
F576

FD-904.10 Rev. 9-81 Printed in U.S.A.

