

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
11/9/95

PRODUCER

Moore & LeGates Ins Agency
P.O. Box 711
Lake Forest, Ill. 60045

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 Hanover Ins. Co.
COMPANY B
COMPANY C
COMPANY D

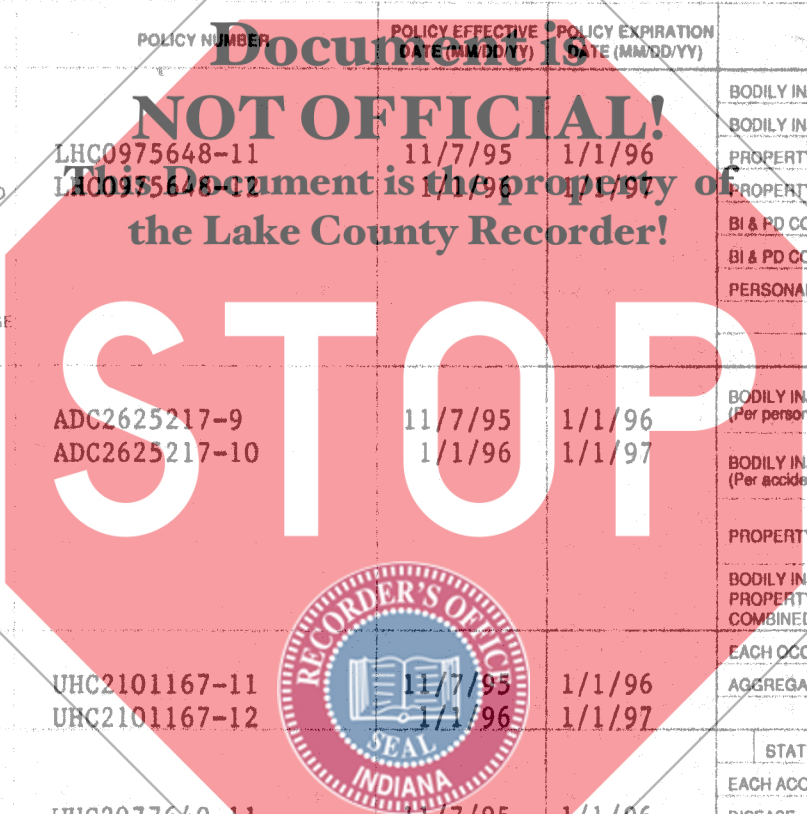
INSURED

The Nagel Group
13000 W. Route 176
Lake Bluff, Ill. 60044

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 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				
	X COMPREHENSIVE FORM	LHC0975648-11	11/7/95	1/1/96	BODILY INJURY OCC \$
	X PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD	LHC0975648-02	1/1/96	1/1/97	BODILY INJURY AGG \$
	X PRODUCTS/COMPLETED OPERATIONS				PROPERTY DAMAGE OCC \$
	X CONTRACTUAL				PROPERTY DAMAGE AGG \$
	X INDEPENDENT CONTRACTORS BROAD FORM PROPERTY DAMAGE				BI & PD COMBINED OCC \$ 1,000,000
	X PERSONAL INJURY				BI & PD COMBINED AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY				
	X ANY AUTO	ADC2625217-9	11/7/95	1/1/96	PERSONAL INJURY AGG \$ 1,000,000
	ALL OWNED AUTOS (Private Pass)	ADC2625217-10	1/1/96	1/1/97	BODILY INJURY (Per person)
	ALL OWNED AUTOS (Other than Private Passenger)				BODILY INJURY (Per accident)
	HIRED AUTOS				PROPERTY DAMAGE
A	EXCESS LIABILITY				
	X UMBRELLA FORM	UHC2101167-11	11/7/95	1/1/96	BODILY INJURY & PROPERTY DAMAGE COMBINED \$ 1,000,000
	OTHER THAN UMBRELLA FORM	UHC2101167-12	1/1/96	1/1/97	PROPERTY DAMAGE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	THE PROPRIETOR, PARTNERS/EXECUTIVE OFFICERS ARE	WHC2077649-11	11/7/95	1/1/96	EACH OCCURRENCE \$ 5,000,000
	OTHER	WHC2077649-12	1/1/96	1/1/97	AGGREGATE \$ 5,000,000
A	general contractor license & permit bond	BLC1554048	1/14/95	1/14/96	STATUTORY LIMITS EACH ACCIDENT \$ 500,000 DISEASE - POLICY LIMIT \$ 500,000 DISEASE - EACH EMPLOYEE \$ 500,000 \$5,000 - County of Lake & Marion, Indiana & all cities towns & municipalities in Lake & Marion County



95070598
 95 NOV 17 PAID
 FILED FOR RECORDER
 STATE OF INDIANA
 LAKE COUNTY
 RECORDED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
General contractor/property management

CERTIFICATE HOLDER
Town of Merrillville
Planning & Building Dept
7820 Broadway
Merrillville, Indiana 46410

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
Christ Moore

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