

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/24/95

PRODUCER
LUMP INSURANCE AGENCY, INC.
P.O. BOX 155 - 112 MILL STREET
LOWELL, IN 46356-0155

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 INDIANA FARMERS MUTUAL INSURANCE CO.
- COMPANY B WESTERN SURETY
- COMPANY C
- COMPANY D

INSURED
DONALD HUSEMAN DBA
HUSEMAN EXCAVATING
15718 HENDRICKS ST.
LOWELL, INDIANA 46356

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 | 29-20-454080 | 11/21/95 | 11/21/96 | GENERAL AGGREGATE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" 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 | AUTOMOBILE LIABILITY | 29-10-514236 | 11/21/95 | 11/21/96 | COMBINED SINGLE LIMIT \$ 300,000 |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) |
| | <input checked="" type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE |
| <input checked="" type="checkbox"/> HIRED AUTOS | | | | | AUTO ONLY - EA ACCIDENT \$ |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | OTHER THAN AUTO ONLY: |
| | | | | | EACH ACCIDENT \$ |
| | | | | | AGGREGATE \$ |
| | | | | | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ |
| | | | | | \$ |
| A | EXCESS LIABILITY | 29-24-017744 | 11/21/95 | 11/21/96 | <input checked="" type="checkbox"/> W/C STATE TORY LIMITS |
| | <input type="checkbox"/> UMBRELLA FORM | | | | EL EACH ACCIDENT \$ 100,000 |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | EL DISEASE - POLICY LIMIT \$ 500,000 |
| | | | | | EL DISEASE - EA EMPLOYEE \$ 100,000 |
| B | OTHER | 414-39402 | 1/1/96 | 1/1/97 | LAKE COUNTY CONTRACTOR BOND |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
EXCAVATION CONTRACTOR

CERTIFICATE HOLDER

LAKE COUNTY PLAN COMMISSION
LAKE COUNTY GOVERNMENT CENTER
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
Thomas J. Lump



FILED FOR RECORD
 LAKE COUNTY
 STATE OF INDIANA
 95 NOV 27 PM 1:45
 RECORDER

Handwritten initials and date: CS 9/20