

ACORD. CERTIFICATE OF INSURANCE

CSR MJ
METZA-2

DATE (MM/DD/YY)
11/21/95

PRODUCER

The Braman Agency, Inc.
8601 Connecticut Street
Merrillville IN 46410-6286

William G. Braman
219-738-2526

INSURED

Alex Metz Sewers, Inc.
1601 Louisiana Street
Gary IN 46407

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

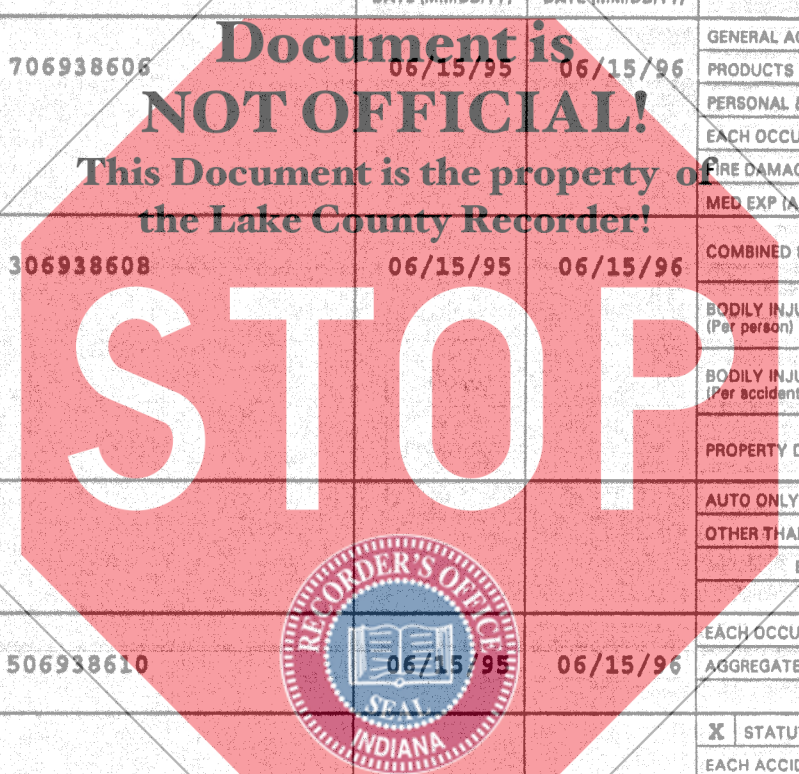
COMPANY A	CNA Insurance Company
COMPANY B	
COMPANY C	
COMPANY D	

9507205

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	706938608	06/15/95	06/15/96	GENERAL AGGREGATE \$2,000,000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> AGGRE.PER PROJECT				PRODUCTS - COM AGG \$1,000,000. PERSONAL & ADV INJURY \$1,000,000. EACH OCCURRENCE \$1,000,000. FIRE DAMAGE (Any one fire) \$50,000. MED EXP (Any one person) \$5,000. COMBINED SINGLE LIMIT \$1,000,000. BODILY INJURY (Per person) \$1,000,000. BODILY INJURY (Per accident) \$1,000,000. PROPERTY DAMAGE \$
A	AUTOMOBILE LIABILITY	306938608	06/15/95	06/15/96	
A	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS				
A	<input checked="" type="checkbox"/> HIRED AUTOS				
A	<input checked="" type="checkbox"/> NON OWNED AUTOS				
	GARAGE LIABILITY				
	ANY AUTO				
A	EXCESS LIABILITY	506938610	06/15/95	06/15/96	
A	<input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$1,000,000. AGGREGATE \$1,000,000.
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
A	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	INCL WC106938609 EXCL WC106938609	06/15/95	06/15/96	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$500,000. DISEASE - POLICY LIMIT \$500,000. DISEASE - EACH EMPLOYEE \$500,000.
	OTHER				



STATE OF INDIANA
LAKE COUNTY
RECORDER
NOV 22 AM 9:13
9507205

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE029

Lake County Plan Commission
2293 North 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 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

William G. Braman

[Signature]
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