

ACORD. CERTIFICATE OF INSURANCE

CSR DK
FITC-01

DATE (MM/DD/YY)
11/28/95

PRODUCER
Hitzeman-Roberts Agency, Inc.
P. O. Box 341
1330 E. Commercial Avenue
Lowell IN 46356

LARRY R HITZEMAN
219-696-7321

INSURED

Fitzsimons Const., Inc.
P.O. Box 1091
Cedar Lake IN 46303

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	Monroe Guaranty Ins. Co
COMPANY B	Western Surety
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 EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	MG203804N-95	04/16/95	04/16/96	GENERAL AGGREGATE \$ 100000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 500000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500000
A	AUTOMOBILE LIABILITY	MG203804-95	04/16/95	04/16/96	FIRE DAMAGE (Any one fire) \$ 50000
	ANY AUTO				MED EXP (Any one person) \$ 5000
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$ 500000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	MG203804W-95	04/16/95	04/16/96	EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	MG203804W-95	04/16/95	04/16/96	STATUTORY LIMITS
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ 500000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				DISEASE - POLICY LIMIT \$ 500000
					DISEASE - EACH EMPLOYEE \$ 500000
B	Lake County Bond	60379965	05/08/95	05/08/96	5000
A	Builder's Risk	MG203804N-95	04/16/95	04/16/96	



95072351

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
NOV 29 AM 9:01
RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE003

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

LARRY R HITZEMAN

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