

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

01/18/95

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 LETTER	A	CINCINNATI CASUALTY CO
COMPANY LETTER	B	CINCINNATI INSURANCE CO
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

95072715

PRODUCER

MBAH INSURANCE
P O BOX 5609
LAFAYETTE

Lake CO
IN 47903

INSURED

MIRAR DEVELOPMENT INC
625 MORNING SIDE DRIVE

CROWN POINT IN 46307

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
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNERS & CONTRACTORS PROT.	CPPS006614AWR	01/28/95	01/28/96	GENERAL AGGREGATE \$ 200000 PRODUCTS COMP/OP AGG. \$ 200000 PERSONAL & ADV. INJURY \$ 500000 EACH OCCURRENCE \$ 100000 FIRE DAMAGE (Any one fire) \$ 100000 MED. EXPENSE (Any one person) \$ 5000 COMBINED SINGLE LIMIT \$ 500000 BODILY INJURY (Per person) \$ 100000 BODILY INJURY (Per accident) \$ 100000 PROPERTY DAMAGE \$ 100000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	CPPS006614AWR	01/28/95	01/28/96	EACH OCCURRENCE \$ 100000 AGGREGATE \$ 100000
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	CCC434 94 42	01/28/95	01/28/96	EACH OCCURRENCE \$ 100000 AGGREGATE \$ 100000
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC 8935882 03	01/28/95	01/28/96	STATUTORY LIMITS EACH ACCIDENT \$ 100000 DISEASE - POLICY LIMIT \$ 500000 DISEASE - EACH EMPLOYEE \$ 100000
	OTHER				



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MARGARITE CLELAND
RECORDER
JAN 29 PM 1:48

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE COUNTY PLANNING 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

MBAH INSURANCE

Approved Copy

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