

ACORD. CERTIFICATE OF INSURANCE

CSR DK
NORC-01

DATE (MM/DD/YY)
03/07/95

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

LARRY R HITZEMAN
219-696-7321

INSURED

R. Morin Const., Inc.
Rick
4275 Harbor Park
Crown Point IN 46307

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	
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	MG124576N-95	01/29/95	01/29/96	GENERAL AGGREGATE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1000000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1000000
A	AUTOMOBILE LIABILITY	MG124576B-95	01/29/95	01/29/96	FIRE DAMAGE (Any one fire) \$ 50000
	<input checked="" type="checkbox"/> ANY AUTO				MED EXP (Any one person) \$ 5000
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$ 100000
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE \$
A	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
A	EXCESS LIABILITY				AGGREGATE \$
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	MG124576W-95	01/29/95	01/29/96	STATUTORY LIMITS \$
	<input type="checkbox"/> INCL				EACH ACCIDENT \$ 500000
	<input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT \$ 500000
					DISEASE - EACH EMPLOYEE \$ 500000
A	OTHER	MG124576N-95	01/29/95	01/29/96	\$150,000 AT ANY ONE JOBSITE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Loc 1 Insureds office - Residential contractor
Carpentry NOC Incl Prod & Compl Op

CERTIFICATE HOLDER

WHOM001

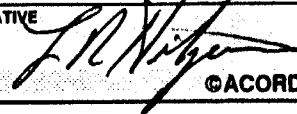
To Whom It May Concern

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

LARRY R HITZEMAN



©ACORD CORPORATION 1993

900 CS
173



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95 NOV 30 AM 11:29
 RECORDER