

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

11/28/95

PRODUCER

Charles & Casassa Insurance, Inc.
 408 N. Main St - P.O. Box 99
 Crown Point, IN 46307
 (219) 663-2600/769-6555

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 Auto-Owners Insurance Company
- COMPANY B Western Surety Company
- COMPANY C
- COMPANY D

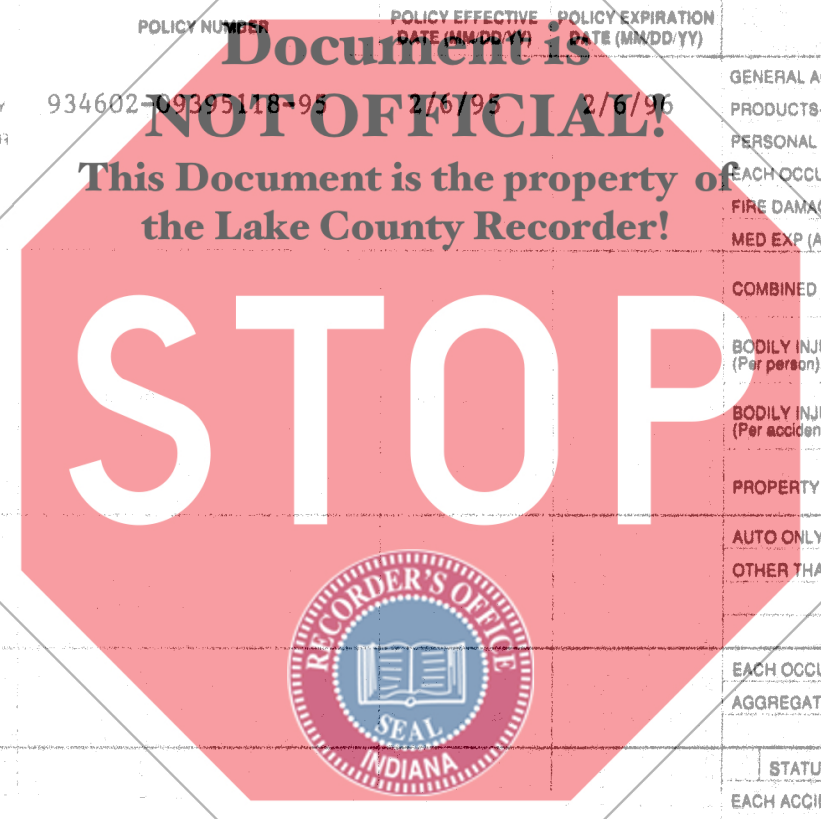
INSURED

Mirich Construction & Development Corp. and
 Arthur Construction, Inc.
 P.O. Box 11335
 Merrillville, IN 46411

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONT PROT	934602-09395118-95	2/6/95	2/6/96	GENERAL AGGREGATE \$ 500,000* PRODUCTS-COMP/OP AGG \$ 500,000 PERSONAL & ADV INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 COMBINED SINGLE LIMIT \$ 95073124 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS				
	GARAGE LIABILITY ANY AUTO				
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PROPRIETOR, PARTNER, EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
B	License/Permit Bond Lake Co.	60351378	5/14/95	5/14/96	Mirich Construction \$
B	License/Permit Bond Lake Co.	60351371	2/17/95	2/17/96	Arthur Construction \$



VOID

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VOID

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 95 NOV 30 PM 3:04
 MARGARET J. REEDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

*Aggregates are automatically reinstated one time.

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 _____ 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
Ronald J. Casassa

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