

ACORD. CERTIFICATE OF INSURANCE

CSR DW
KORELLI

DATE (MM/DD/YY)
02/02/96

PRODUCER

SCHEER'S INCORPORATED
5650 S. Brainard Avenue
La Grange IL 60525

Donald W Burke Jr

Phone No. 708-352-6282 Fax No.

INSURED

Korellis Roofing, Inc.
1137 - 167th Street
Hammond IN 46325

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

COMPANY
B

COMPANY
C

COMPANY
D

96008140

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 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	1029019667	05/01/95	05/01/96	GENERAL AGGREGATE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> Blanket Addl Ins.				FIRE DAMAGE (Any one fire) \$50,000
<input checked="" type="checkbox"/> Per Project Agg.	MED EXP (Any one person) \$5,000				
A	AUTOMOBILE LIABILITY	1029019670	05/01/95	05/01/96	COMBINED SINGLE LIM \$1,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	1029019698	05/01/95	05/01/96	EACH OCCURRENCE \$3,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$3,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1029019684	05/01/95	05/01/96	STATUTORY LIMITS
	<input type="checkbox"/> INCL				EACH ACCIDENT \$500,000
	<input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT \$500,000
	OTHER				DISEASE - EACH EMPLOYEE \$500,000

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MAR 27 1996
AMID: 55

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAK1017

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 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

James Scheer