

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
2/5/96

PRODUCER

FLEMING, BATES & BARBER INSURANCE, INC.
P.O. BOX 907 - 216 E. JOLIET ST.
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 LETTER **A** THE MARYLAND
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

RONALD G. WARGA DBA
T.W. BUILDERS
328 SOUTH WEST STREET
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 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
	GENERAL LIABILITY				
A	XX COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. BINDER 01309513 OWNER'S & CONTRACTOR'S PROT.		2/5/96	2/5/97	GENERAL AGGREGATE \$ 1,000,000 PRODUCTS-COMP/OP AGG. \$ 100,000 PERSONAL & ADV. INJURY \$ 100,000 EACH OCCURRENCE \$ 50,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				
A	ANY AUTO ALL OWNED AUTOS BINDER BINDER 01309513 SCHEDULED AUTOS		2/5/96	2/5/97	COMBINED SINGLE LIMIT \$ 500,000 BODILY INJURY (Per person) \$
X	HIRED AUTOS				BODILY INJURY (Per accident) \$
X	NON-OWNED AUTOS				PROPERTY DAMAGE \$
	GARAGE LIABILITY				EACH OCCURRENCE \$
	EXCESS LIABILITY				AGGREGATE \$
	UMBRELLA FORM				STATUTORY LIMITS \$
	OTHER THAN UMBRELLA FORM				EACH ACCIDENT \$
	WORKER'S COMPENSATION				DISEASE-POLICY LIMIT \$
	AND				DISEASE-EACH EMPLOYEE \$
	EMPLOYERS' LIABILITY				

6008467

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 FEB -7 PM 2:24
MARGARET E. CLEVELAND
RECORDER

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE COUNTY PLAN COMMISSION
PLANNING & BUILDING DEPARTMENTS
2293 N. 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

Gordon W. Bates

ACORD CORPORATION