

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
2/08/96

PRODUCER

THE MITCHELL CORPORATION
15455 South Park Ave.
P.O.Box 159
South Holland, IL 60473

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 INDIANA INSURANCE COMPANY
- COMPANY B SAFECO INSURANCE CO. OF AMERICA
- COMPANY C
- COMPANY D

INSURED

Richard Triezenberg d/b/a
R. T. CONSTRUCTION
1410 McCoy Drive
Schererville, IN 46375

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	
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 2,000,000	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1,000,000	
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	23-013-465	7/01/95	7/01/96	PERSONAL & ADV INJURY \$ 1,000,000	
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000	
	AUTOMOBILE LIABILITY				FIRE DAMAGE (Any one fire) \$ 1,000,000	
	ANY AUTO				MED EXP (Any one person) \$ 1,000,000	
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$ 2,000,000	
B	<input checked="" type="checkbox"/> SCHEDULED AUTOS	D 573024	6/19/95	6/19/96	BODILY INJURY (Per person) \$ 2,000,000	
	HIRED AUTOS				BODILY INJURY (Per accident) \$	
	NON-OWNED AUTOS				PROPERTY DAMAGE \$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
	ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	
					AGGREGATE	
	EXCESS LIABILITY				EACH OCCURRENCE	
	UMBRELLA FORM				AGGREGATE	
	OTHER THAN UMBRELLA FORM					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
A	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	26-034-397-96	7/01/95	7/01/96	EL EACH ACCIDENT \$ 100,000
	OTHER				EL DISEASE - POLICY LIMIT \$ 100,000	
					EL DISEASE - EA EMPLOYEE \$ 100,000	

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORDS
 96 FEB 12 PM 4:45
 RECORDED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

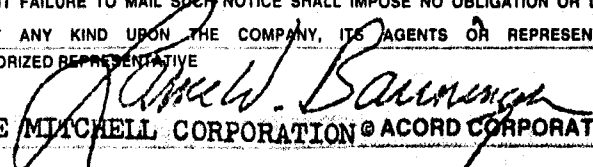
Carpenter/Contractor

CERTIFICATE HOLDER

LAKE COUNTY PLAN COMMISSION
2293 No. Main St.
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

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