

ACORD. CERTIFICATE OF INSURANCE

CSR #5 ISSUE DATE (MM/DD/YY)
 CONDE-1 02/15/96

PRODUCER

Smith Insurance Agency
 618 East Third Street
 Hobart IN 46342

Richard L. Smith
 219-942-1148

INSURED

Construction and Design Corp.
 Tim Dooling
 1430 State Street
 Hobart IN 46342

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	American States Insurance Co.
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

96010584

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				
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT.	01-CD-719573-2	01/01/96	01/01/97	GENERAL AGGREGATE \$ 1,000,000. PRODUCTS-COMP/OP AGG. \$ 1,000,000. PERSONAL & ADV. INJURY \$ 500,000. EACH OCCURRENCE \$ 500,000. FIRE DAMAGE (Any one fire) \$ 50,000. MED. EXPENSE (Any one person) \$ 10,000.
	AUTOMOBILE LIABILITY				
	ANY AUTO				COMBINED SINGLE LIMIT
	ALL OWNED AUTOS				BODILY INJURY (Per person)
	SCHEDULED AUTOS				BODILY INJURY (Per accident)
	HIRED AUTOS				PROPERTY DAMAGE
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
A	WORKER'S COMPENSATION	01-WC-772835-10	02/15/96	02/15/97	X STATUTORY LIMITS
	AND				EACH ACCIDENT \$ 100,000.
A	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$ 500,000. DISEASE-EACH EMPLOYEE \$ 100,000.

FILED FOR RECORD
 STATE OF INDIANA
 LAKE COUNTY
 REC'D
 FEB 16 1996
 PH 3:39

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Carpentry - Residential

CERTIFICATE HOLDER

Lake County, Indiana
 Building & Planning Commission
 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

Richard L. Smith

