

CERTIFICATE OF INSURANCE: INDCON1

CSR RT 02/14/96

PRODUCER
 Rothschild Agency, Inc
 8979 Broadway
 Merrillville IN 46410-
 219-769-6616

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.

INSURED
 Ind. Construction Services, Inc
 & Maintenance Dynamics
 4490 Grant St/P.O. Box 1926
 Gary IN 46409

COMPANIES AFFORDING COVERAGE
 COMPANY A Continental Insurance Co
 COMPANY B
 COMPANY C
 COMPANY D

96011906
 96 FEB 23 PM 12:05
 FILED FOR RECORD
 LAKE COUNTY
 STATE OF INDIANA

> 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 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 EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input checked="" type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input checked="" type="checkbox"/> AGGR PER PROJECT <input type="checkbox"/>	CBP6153879	06/01/95	06/01/96	GENERAL AGGREGATE 2000000 PROD-COMP/OP AGG. 2000000 PERS. & ADV. INJURY 1000000 EACH OCCURRENCE 1000000 FIRE DAMAGE (ANY ONE FIRE) 1000000 MED. EXPENSE (ANY ONE PERSON) 1000000 COMB. SINGLE LIMIT 1000000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	CBP6153879	06/01/95	06/01/96	BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY (EA ACC) OTHER / AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
A	WORKERS COMP. AND EMP. LIAB. THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	60W8867146	06/01/95	06/01/96	1 STATUTORY LIMITS EACH ACCIDENT 500000 DISEASE-POL. LIMIT 500000 DISEASE-EACH EMP. 500000
A	OTHER Leased/Rented Equip Transportation	CBP6153879 CBP6153879	06/01/95 06/01/95	06/01/96 06/01/96	Report \$5000 Cargo \$500000

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

> CERTIFICATE HOLDER <----->
 LAC9024
 LAKE COUNTY PLAN COMMISSION
 PLANNING & BLDG DEPT
 2293 N 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
 Ed Norcutt, Jr.