

ACORD CERTIFICATE OF INSURANCE

CSR

ISSUE DATE (MM/DD/YY)

02/09/96

PRODUCER
Alexander & Alexander
of Indiana, Inc.
251 N. Illinois St., Ste 1500
Indianapolis, IN
46204

317-237-2400

INSURED
RIETH-RILEY CONSTRUCTION
CO., INC.
P.O. BOX 477
GOSHEN, IN
46527-0477



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 GUAR & LIAB (ZURICH)
- COMPANY LETTER **B** ZURICH INSURANCE COMPANY
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

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
A	GENERAL LIABILITY	GL8322041	02/01/96	02/01/97	GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 100,000
					MED. EXPENSE (Any one person) \$ 100,000
A	AUTOMOBILE LIABILITY	BAP8322043	02/01/96	02/01/97	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ 100,000
	ALL OWNED AUTOS				
	SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$ 100,000
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				PROPERTY DAMAGE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
B	WORKER'S COMPENSATION	WC8322042	02/01/96	02/01/97	<input checked="" type="checkbox"/> STATUTORY LIMITS
	AND				EACH ACCIDENT \$ 100,000
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$ 100,000
					DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

MARGARET E. CLEGG
 RECORDER
 96 FEB 26 PM 12:01
 STATE OF INDIANA
 LAKE COUNTY
 CLERK FOR RECORD

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE COUNTY PLANNING
COMMISSION
2293 N. MAIN
CROWN POINT IN 46410

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
ALEXANDER & ALEXANDER OF INDIANA, INC.

Robert P. Johnson

AUTHORIZED INDIANA RESIDENT AGENT