CERTIFICATE OF INSURANCE: BIESEE1 CSR LB 02/07/96

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.

COMPANIES AFFORDING COVERAGE

COMPANY A West Bend Mutual

COMPANY B

COMPANY C

COMPANY D

INSURED

Biesen Excavating, Inc.
Herman & Carol Biesen
521 E Ridge Road
Griffith IN 46319-1145

> 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 EFF DATE (MM/DD/YY) | POLICY EXP DATE(MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>[X] COMMERCIAL GEN LIABILITY<br>[ ] CLAIMS MADE [X] OCC.<br>[ ] OWNERS'S & CONTRACTOR'S PROTECTIVE<br>[ ]<br>[ ] | BCE0231329 | 02/01/96 | 02/01/97 | GENERAL AGGREGATE<br>PROD-COMP/OP AGG.<br>PERS. & ADV. INJURY<br>EACH OCCURRENCE<br>FIRE DAMAGE (ANY ONE FIRE)<br>MED. EXPENSE (ANY ONE PERSON) | 1,000,000<br>1,000,000<br>500,000<br>500,000<br>50,000<br>5,000 |
| A | AUTOMOBILE LIABILITY<br>[X] ANY AUTO<br>[ ] ALL OWNED AUTOS<br>[ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS<br>[X] NON-OWNED AUTOS<br>[ ]<br>[ ] | BCE0231329 | 02/01/96 | 02/01/97 | COMB. SINGLE LIMIT<br>BODILY INJURY (PER PERSON)<br>BODILY INJURY (PER ACCIDENT)<br>PROPERTY DAMAGE | 500,000 |
| | GARAGE LIABILITY<br>[ ] ANY AUTO<br>[ ]<br>[ ] | | | | AUTO ONLY (EA ACC)<br>OTHER / AUTO ONLY:<br>EACH ACCIDENT<br>AGGREGATE | |
| | EXCESS LIABILITY<br>[ ] UMBRELLA FORM<br>[ ] OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE<br>AGGREGATE | |
| A | WORKERS COMP. AND EMP. LIAB.<br>THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE:<br>[ ] INCL. [ ] EXCL. | WCE0231329 | 02/01/96 | 02/01/97 | X STATUTORY LIMITS<br>EACH ACCIDENT<br>DISEASE-POL. LIMIT<br>DISEASE-EACH EMP. | <br>500,000<br>500,000<br>500,000 |
| | OTHER | | | | | |

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

> CERTIFICATE HOLDER <

LAP1006

Lake County Planning Comm
2293 N. Main
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

Ed Norcutt, Jr.

ACORD 25-S (3/93)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 FEB 28 PM 12 31
MARGARETTE CORDERO
RECORDER

96013004

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