

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR 25
ALLTE-1

DATE (MM/DD/YY)
03/19/96

PRODUCER

Lundeborg Insurance Assoc. Inc
9521 Indianapolis Blvd.
Highland IN 46322-

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 **Monroe Guaranty Ins. Company**
- COMPANY B
- COMPANY C
- COMPANY D

Phone No. **219-924-6090** Fax No.

INSURED

ALL-TECH BUILDERS, INC.
P. O. Box 252
Cedar Lake IN 46303

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	MG 125003N-96	04/18/96	04/18/97	GENERAL AGGREGATE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	<input type="checkbox"/> 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)	\$ 50,000	
					MED EXP (Any one person)	\$ 5,000	
					COMBINED SINGLE LIMIT	\$ 500,000	
A	AUTOMOBILE LIABILITY	MG 125003B-96	04/18/96	04/18/97	BODILY INJURY (Per person)	\$ 100,000	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$ 100,000	
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE	\$ 10,000	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$ 10,000	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT	\$ 10,000	
					AGGREGATE	\$ 10,000	
	EXCESS LIABILITY				EACH OCCURRENCE	\$ 10,000	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 10,000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	MG 125003W-96	04/18/96	04/18/97	EL EACH ACCIDENT	\$ 100,000	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> INCL	EL DISEASE - POLICY LIMIT	\$ 100,000
					<input type="checkbox"/> EXCL	EL DISEASE - EA EMPLOYEE	\$ 100,000
A	OTHER BUILDERS RISK	MG 125003N-96	04/18/96	04/18/97	AMT	\$225,000 \$250 DED	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE003

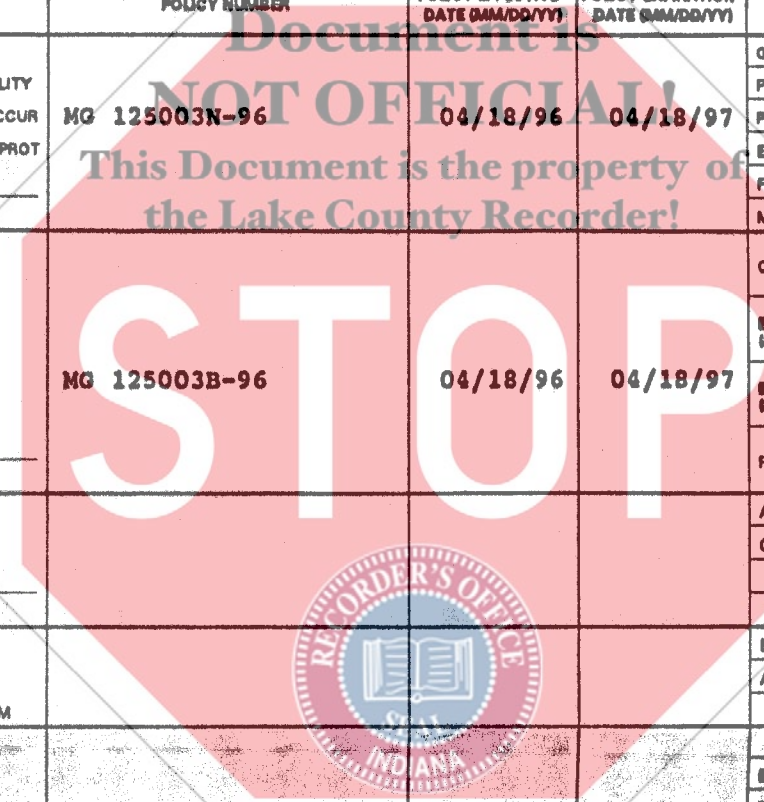
LAKE COUNTY PLAN COMMISSION
2293 MAIN STREET
CROWN POINT IN 46307

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

[Signature]



STATE OF INDIANA
FILED
96 MAR 23
RECORDED
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