

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

3/27/96rk

PRODUCER

DUNELAND NORTHWEST INSURANCE
100 W. 78th Avenue
Merrillville, IN 46410
219-736-2303

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 AMERICAN STATES INS. CO.
COMPANY B
COMPANY C
COMPANY D

INSURED

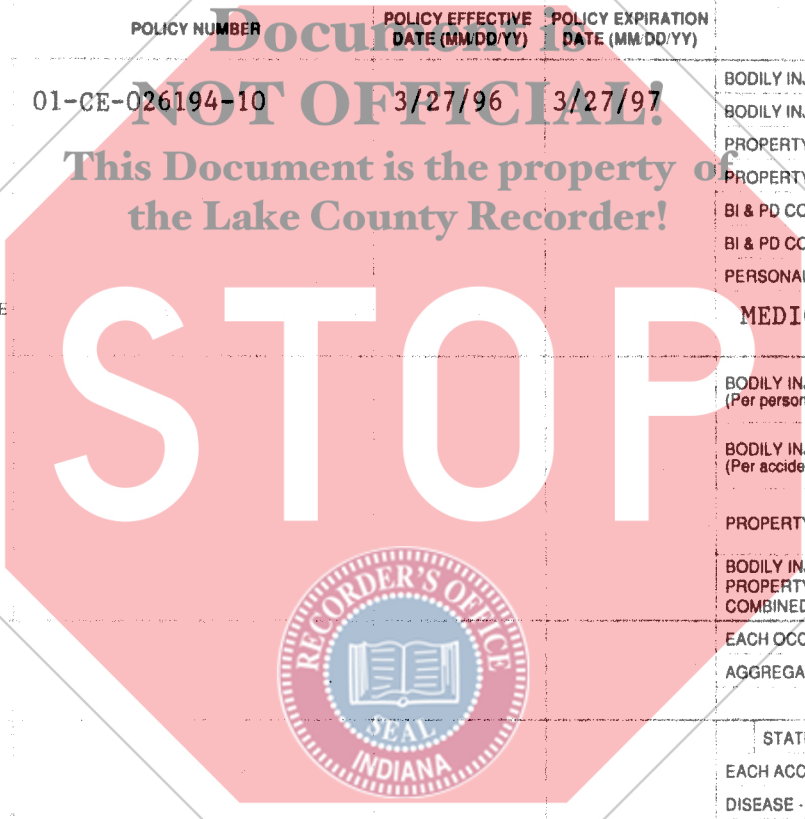
WALTER E. SANDERS dba
PRIDE CONSTRUCTION
51 Lincoln Avenue
Hobart, IN 46342

96019643

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	01-CE-026194-10	3/27/96	3/27/97	BODILY INJURY OCC
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				\$
	PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				\$
	PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL				\$
	INDEPENDENT CONTRACTORS BROAD FORM PROPERTY DAMAGE				\$
	PERSONAL INJURY				\$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person)
	ANY AUTO				\$
	ALL OWNED AUTOS (Private Pass)				\$
	ALL OWNED AUTOS (Other than Private Passenger)				\$
HIRED AUTOS	PROPERTY DAMAGE				
NON OWNED AUTOS	\$				
GARAGE LIABILITY	BODILY INJURY & PROPERTY DAMAGE COMBINED				
EXCESS LIABILITY	\$				
UMBRELLA FORM	EACH OCCURRENCE				
OTHER THAN UMBRELLA FORM	\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	AGGREGATE				
THE PROPRIETOR, PARTNERS/EXECUTIVE OFFICERS ARE:	\$				
OTHER	STATUTORY LIMITS				
	EACH ACCIDENT				
	\$				
	DISEASE - POLICY LIMIT				
	\$				
	DISEASE - EACH EMPLOYEE				
	\$				



STATE OF INDIANA
 LAKE COUNTY
 RECORDER
 FILED
 APR 11 11

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE COUNTY PLAN & BLDG. DEPT.
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

Roseann Heuser