

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)  
04/05/96

**PRODUCER**

**Spitz & Miller Insurance Agency Inc.**  
101 West Columbia  
Griffith IN 46319

*4-10-96  
Blind mail*

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** **Transportation Ins. Co.**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

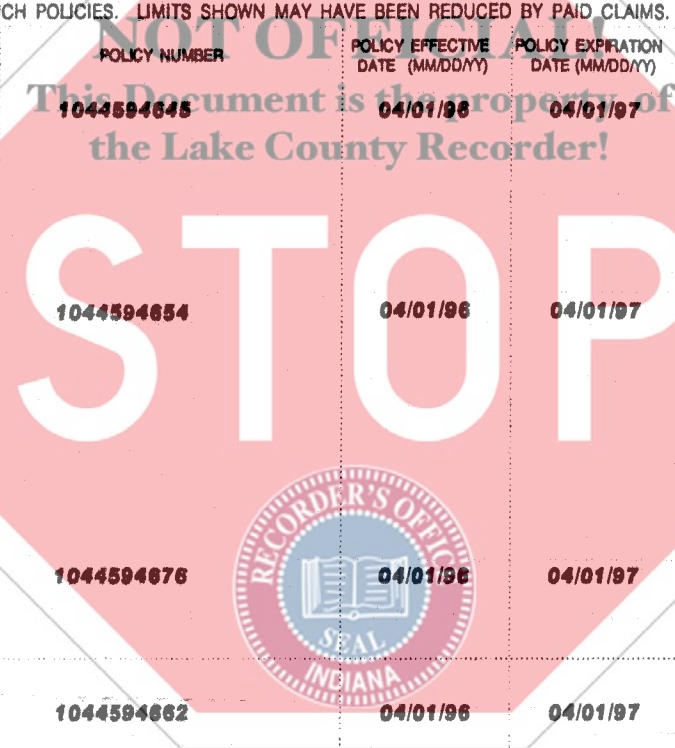
**INSURED**

**Charles Gluth and Son Roofers Inc.**  
6234 Indianapolis Blvd.  
Hammond IN 46320

**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	1044594645	04/01/96	04/01/97	GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 2000000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1000000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1000000
A	AUTOMOBILE LIABILITY	1044594654	04/01/96	04/01/97	FIRE DAMAGE (Any one fire) \$ 50000
	<input checked="" type="checkbox"/> ANY AUTO				MED. EXPENSE (Any one person) \$ 10000
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$ 1000000
	SCHEDULED AUTOS				BODILY INJURY (Per person)
A	EXCESS LIABILITY	1044594676	04/01/96	04/01/97	BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> UMBRELLA FORM				PROPERTY DAMAGE
	OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ 500000
	WORKER'S COMPENSATION				AGGREGATE \$ 500000
A	AND EMPLOYERS' LIABILITY	1044594662	04/01/96	04/01/97	STATUTORY LIMITS
					EACH ACCIDENT \$ 500000
					DISEASE - POLICY LIMIT \$ 500000
					DISEASE - EACH EMPLOYEE \$ 500000
	OTHER				



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 STATE OF INDIANA  
 LAKE COUNTY  
 RECORDER  
 WASHINGTON  
 RECORDED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

**Lake County Plan Commission**  
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

**Richard C. Miller, Sr.**

*Richard C. Miller, Sr.*