

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
04/30/96

PRODUCER Duneland - Northwest Insurance
100 West 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 Century Roofing Co., Inc.,
P.O. Box 576

Scherverville IN 46375-0576
(219) 769-4424

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				GENERAL AGGREGATE \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	01CC099209	05/12/96	05/12/97	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) \$50,000
				MED EXP (Any one person) \$10,000	
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$300,000
	ANY AUTO	01CC099209	05/12/96	05/12/97	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE
	NON-OWNED AUTOS				
GARAGE LIABILITY	ANY AUTO				AUTO ONLY - EA ACCIDENT
					OTHER THAN AUTO ONLY
					EACH ACCIDENT AGGREGATE
EXCESS LIABILITY	UMBRELLA FORM				EACH OCCURRENCE
	OTHER THAN UMBRELLA FORM				AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	01WC284632	08/07/95	08/07/96	<input checked="" type="checkbox"/> STATUTORY LIMITS
	THE PROPRIETOR, PARTNERS/EXECUTIVE OFFICERS ARE				EACH ACCIDENT \$
	<input checked="" type="checkbox"/> INCL				DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE \$
OTHER		/ /	/ /		



960501
 95 MAY - 1 AM 9:04
 LAKE COUNTY
 FILED FOR RECORD
 STATE OF INDIANA

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
Lake County Plan And Building 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: *G. Kessel*