

ACORD. CERTIFICATE OF INSURANCE

CSR BC
NAVAR-1

DATE (MM/DD/YY)
04/19/96

PRODUCER

The Braman Agency, Inc.
8601 Connecticut Street
Merrillville IN 46410-6286

Jeff R. Biesen
Phone No. 219-738-2526 Fax No.
INSURED

Navarro Construction, Inc.
7725 Broadway, Suite I
Merrillville IN 46410

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	General Accident Insurance
COMPANY B	
COMPANY C	
COMPANY D	

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	CPP1119332	11/29/95	11/29/96	GENERAL AGGREGATE	\$ 2,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000		
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000		
A	AUTOMOBILE LIABILITY	BA0099517	11/29/95	11/29/96	FIRE DAMAGE (Any one fire)	\$ 50,000		
	<input checked="" type="checkbox"/> ANY AUTO				MED EXP (Any one person)	\$ 5,000		
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIMIT	\$ 1,000,000		
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:			
					EACH ACCIDENT	\$		
A	EXCESS LIABILITY	XC0112853	11/29/95	11/29/96	AGGREGATE	\$ 1,000,000		
	<input checked="" type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$ 1,000,000		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC0027781	11/29/95	11/29/96	<input checked="" type="checkbox"/> STATUTORY LIMITS	\$ 100,000		
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input type="checkbox"/> INCL	<input type="checkbox"/> EXCL	EACH ACCIDENT	\$ 500,000
							DISEASE - POLICY LIMIT	\$ 100,000
							DISEASE - EACH EMPLOYEE	\$ 100,000
A	OTHER				LEASED EQUIPMENT COVERAGE	\$ 100,000		
						SPECIAL FORM		



960029007
 FILED FOR RECORDING
 LAKELAND, INDIANA
 APR 22 1996
 RECORDER

STATE OF INDIANA

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE010

LAKE COUNTY PLAN COMMISSION
2293 NORTH 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
Jeff R. Biesen