

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
05/13/96

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.

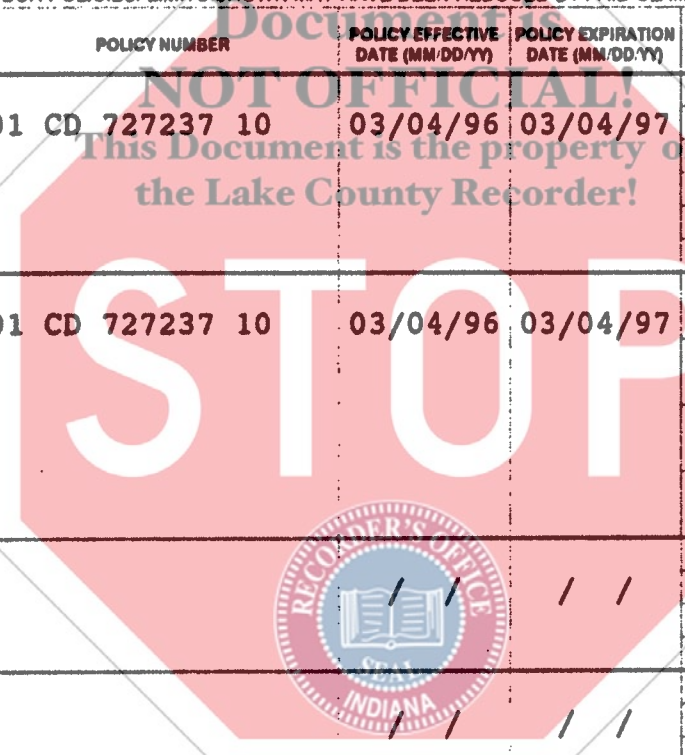
COMPANIES AFFORDING COVERAGE

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

INSURED
BLAKE LARSON
DBA LARSONS CARPENTERS
3801 ALABAMA STREET
Hobart IN 46342

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 CD 727237 10	03/04/96	03/04/97	GENERAL AGGREGATE \$1,000,000
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$500,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$500,000
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$10,000
A	AUTOMOBILE LIABILITY	01 CD 727237 10	03/04/96	03/04/97	COMBINED SINGLE LIMIT \$300,000
	ANY AUTO				BODILY INJURY (Per person) \$
X	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY:
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
	OTHER				



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96 MAY 13 PM 3:15

FILED FOR RECORD

STATE OF INDIANA

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

755:3257

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
Deborah L. Guthrie