

CERTIFICATE OF INSURANCE: RCRAIGI

CSR MW 05/23/96

PRODUCER
Rothschild Agency, Inc
8979 Broadway
Merrillville IN 46410-
219-769-6616

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.

INSURED
R Craig Electric, Inc.
935 Sheffield Ave, Ste D
Dyer IN 46311

COMPANIES AFFORDING COVERAGE
COMPANY A Meridian Insurance Company
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.

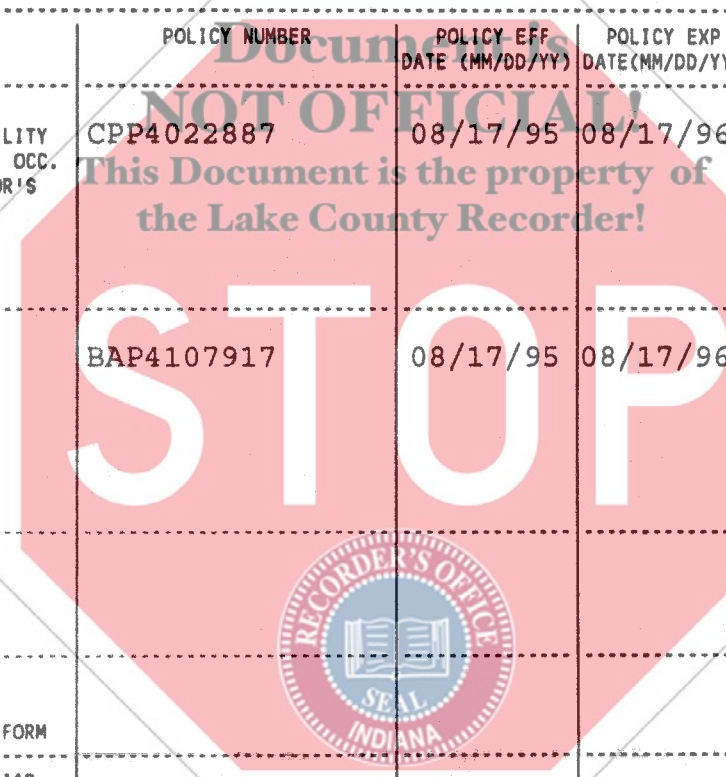
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC. <input type="checkbox"/> OWNERS'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/>	CPP4022887	08/17/95	08/17/96	GENERAL AGGREGATE 200000 PROD-COMP/OP AGG. 200000 PERS. & ADV. INJURY 1000000 EACH OCCURRENCE 100000 FIRE DAMAGE (ANY ONE FIRE) 50000 MED. EXPENSE (ANY ONE PERSON) 5000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>	BAP4107917	08/17/95	08/17/96	COMB. SINGLE LIMIT 500000 BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE (PER ACCIDENT) AUTO ONLY (EACH ACCIDENT) OTHER / AUTO ONLY: EACH ACCIDENT AGGREGATE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
A	WORKERS COMP. AND EMP. LIAB. THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	WC4069067	08/17/95	08/17/96	X) STATUTORY LIMITS EACH ACCIDENT 100000 DISEASE-POL. LIMIT 500000 DISEASE-EACH EMP. 100000
A	OTHER COMPREHENSIVE COLLISION	BAP4107917 BAP4107917	08/17/95 08/17/95	08/17/96 08/17/96	250 DED 250 DED

-DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS-

> CERTIFICATE HOLDER <=====
MER9001
TOWN OF MERRILLVILLE
BUILDING & PLANNING DEPARTMENT
7820 BROADWAY
MERRILLVILLE IN 46410

CANCELLATION <=====
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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
Ed Norcutt, Jr.



960829
 96 MAY 24 PM 12:25
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

Ed Norcutt Jr.
7/8 9/25