

ACORD. CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

04/01/96

PRODUCER

Agency One Insurance, Inc.
4004 N Campbell Rd
Valparaiso, IN 46383

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

INSURED

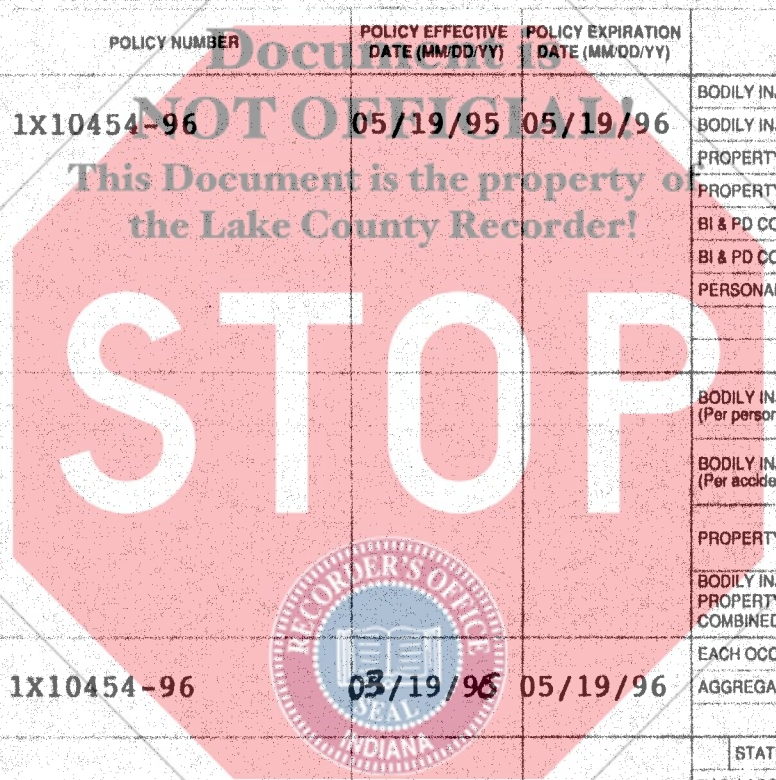
Daryl Stanley Masonry
13121 Delaware
Crown Point, IN 46307

- COMPANY
A Employers Mutual Ins
- COMPANY
B Employers Mutual Ins
- COMPANY
C Monroe Guaranty
- 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	<input checked="" type="checkbox"/> GENERAL LIABILITY	1X10454-96	05/19/95	05/19/96	BODILY INJURY OCC	\$ 1,000,000
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG	\$ 2,000,000
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE OCC	\$ 1,000,000
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPER CONTRACTUAL				PROPERTY DAMAGE AGG	\$ 2,000,000
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				BI & PD COMBINED OCC	\$ 1,000,000
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				BI & PD COMBINED AGG	\$ 2,000,000
	<input type="checkbox"/> PERSONAL INJURY				PERSONAL INJURY AGG	\$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY				BODILY INJURY (Per person)	\$ 96020778
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$ 96020778
	<input type="checkbox"/> ALL OWNED AUTOS (Private Pass)				PROPERTY DAMAGE	\$
<input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)	BODILY INJURY & PROPERTY DAMAGE COMBINED	\$				
<input type="checkbox"/> HIRED AUTOS	EACH OCCURRENCE	\$				
<input type="checkbox"/> NON-OWNED AUTOS	AGGREGATE	\$ 1,000,000				
<input type="checkbox"/> GARAGE LIABILITY		\$				
B	<input checked="" type="checkbox"/> EXCESS LIABILITY	1X10454-96	03/19/95	05/19/96	STATUTORY LIMITS	\$
	<input checked="" type="checkbox"/> UMBRELLA FORM				EACH ACCIDENT	\$ 100,000
C	<input type="checkbox"/> OTHER THAN UMBRELLA FORM	AR131966W-95	11/17/95	11/17/96	DISEASE - POLICY LIMIT	\$ 100,000
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				DISEASE - EACH EMPLOYEE	\$ 100,000
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE					
	<input checked="" type="checkbox"/> INCL EXCL					



STATE OF INDIANA
 LAKE COUNTY
 RECORDER FOR RECORD
 96 APR -2 AM 9:41
 MARIONETTE CLEVELAND
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Lake County Licensing Department
Lake County Planning & 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

Daryl Stanley Masonry

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