

# ACORD. CERTIFICATE OF INSURANCE

CSR CO  
GROEN-1

DATE (MM/DD/YY)  
04/05/96

**PRODUCER**

Rand-Tec Insurance Agency Inc.  
175 East Hawthorn Parkway #225  
Vernon Hills IL 60061

708-367-2633

**INSURED**

Groen Concrete Inc.  
P. O. Box 5438  
Lansing IL 60438

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 Country 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 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.

96 APR 22 6 09 PM

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CMP0008787	12/31/95	12/31/96	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
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> \$500 Deductible				FIRE DAMAGE (Any one fire) \$ 50,000
	Property Damage				MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	CBA0007580	12/31/95	12/31/96	COMBINED SINGLE LIMIT \$ 500,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
	ALL OWNED AUTOS				BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY	NOT COVERED			AUTO ONLY - EA ACCIDENT \$
	ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	ACE0003465	12/31/95	12/31/96	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 1,000,000
<input checked="" type="checkbox"/>	OTHER THAN UMBRELLA FORM				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	EL0008048	12/31/95	12/31/96	<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT \$ 500,000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				DISEASE - POLICY LIMIT \$ 500,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				DISEASE - EACH EMPLOYEE \$ 500,000
A	OTHER PER PROJECT AGG.	CMP0008787	12/31/95	12/31/96	



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR REC'D  
96 APR - 9 PM 2:53  
RECORDER

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

**CERTIFICATE HOLDER**

LCPCO-1

LAKE COUNTY PLAN COMMISSION  
2293 NORTH MAIN ST.  
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 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**

*Todd Silver*

*96  
7/83*