

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
04/09/96

**PRODUCER**  
T.M. Edwards & Assoc., Inc.  
648 Joliet St. P.O. Box 146  
Dyer IN 46311

Renee A. Held  
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**INSURED**  
Conco Concrete, LLC  
1148 E. 86th. Place  
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                    | American States Ins. Company |
| COMPANY B                    |                              |
| COMPANY C                    |                              |
| COMPANY D                    |                              |

96022618

**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<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT                  | 01CE02948510  | 03/28/96                         | 03/28/97                          | GENERAL AGGREGATE \$ 1,000,000       |
|        |   |               |                                  |                                   | PRODUCTS - COM/POP AGG \$ 1,000,000  |
|        |   |               |                                  |                                   | PERSONAL & ADV INJURY \$ 500,000     |
|        |   |               |                                  |                                   | EACH OCCURRENCE \$ 500,000           |
|        |   |               |                                  |                                   | FIRE DAMAGE (Any one fire) \$ 50,000 |
|        |   |               |                                  |                                   | MED EXP (Any one person) \$ 10,000   |
| A      | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON OWNED AUTOS | 01CE02948510  | 03/28/96                         | 03/28/97                          | COMBINED SINGLE LIM \$ 1,000,000     |
|        |   |               |                                  |                                   | BODILY INJURY (Per person)           |
|        |   |               |                                  |                                   | BODILY INJURY (Per accident)         |
|        |   |               |                                  |                                   | PROPERTY DAMAGE                      |
|        | <input type="checkbox"/> GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$           |
|        |   |               |                                  |                                   |                                      |
|        |   |               |                                  |                                   | EACH ACCIDENT \$                     |
|        |   |               |                                  |                                   | AGGREGATE \$                         |
|        | <input type="checkbox"/> EXCESS LIABILITY<br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM  |               |                                  |                                   | EACH OCCURRENCE \$                   |
|        |   |               |                                  |                                   |                                      |
|        |   |               |                                  |                                   | \$                                   |
| A      | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL<br><input type="checkbox"/> OTHER                          | 01WC77678310  | 04/01/96                         | 04/01/97                          | WC STATUTORY LIMITS                  |
|        |   |               |                                  |                                   | EL EACH ACCIDENT \$ 100,000          |
|        |   |               |                                  |                                   | EL DISEASE - POLICY LIMIT \$ 500,000 |
|        |   |               |                                  |                                   | EL DISEASE - EA EMPLOYEE \$ 100,000  |



STATE OF INDIANA  
LAKE COUNTY  
RECORDER  
APR - 9 AM 11:22

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**  
LAKECPC  
Lake County Plan Commission

**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: *[Signature]*