

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/19/1996

PRODUCER

Crowel Agency, Inc.
P.O. Box 1996
Highland, IN 46322
(219) 923-2131

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 LETTER **A** **NORTHLAND**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

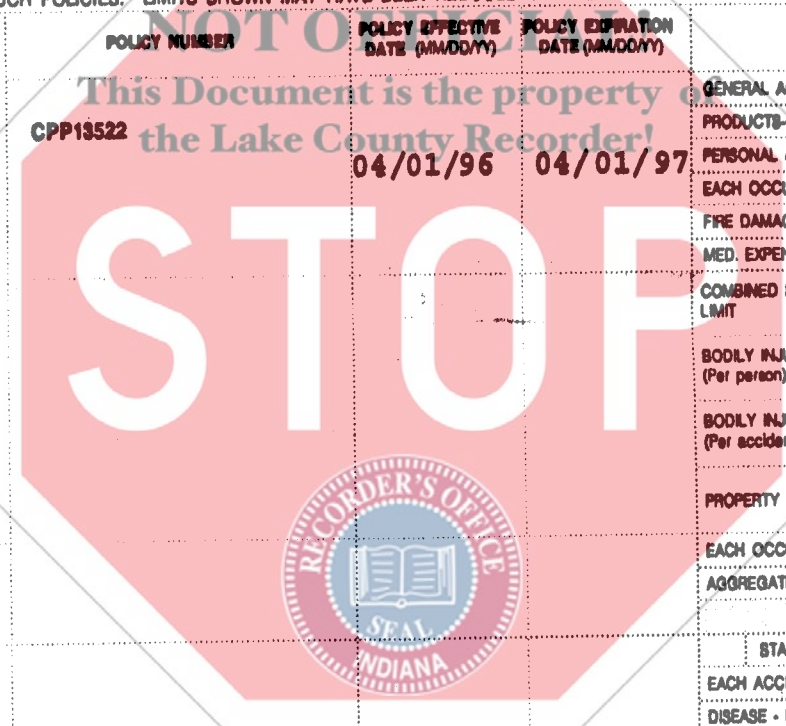
INSURED

MR. AL SAENZ
A & T MASONRY
3902 IVY
EAST CHICAGO, IN 46312

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	CPP19522	04/01/96	04/01/97	GENERAL AGGREGATE : 200,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNERS & CONTRACTORS PROT.				PRODUCTS-COMP/OP AGG. : 200,000
	AUTOMOBILE LIABILITY				PERSONAL & ADV. INJURY : 100,000
	ANY AUTO				EACH OCCURRENCE : 100,000
	ALL OWNED AUTOS				FIRE DAMAGE (Any one fire) : 6022878
	SCHEDULED AUTOS				MED. EXPENSE (Any one person) :
	HIRED AUTOS				COMBINED SINGLE LIMIT :
	NON-OWNED AUTOS				BODILY INJURY (Per person) :
	GARAGE LIABILITY				BODILY INJURY (Per accident) :
	EXCESS LIABILITY				PROPERTY DAMAGE :
	UMBRELLA FORM				EACH OCCURRENCE :
	OTHER THAN UMBRELLA FORM				AGGREGATE :
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS :
	OTHER				EACH ACCIDENT :
					DISEASE - POLICY LIMIT :
					DISEASE - EACH EMPLOYEE :



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 96 APR 10 PM 1:52
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
MASONRY CONTRACTOR

CERTIFICATE HOLDER

LAKE COUNTY PLAN COMMISSION
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

Mark R. Mach...

Handwritten marks and initials at the bottom right corner.