

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/15/1996

PRODUCER

Bekan Insurance Group Inc
 P.O. Box 568
 Schererville, IN 46375
 (219) 322-2800

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** AMERICAN STATES INSURANCE CO.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

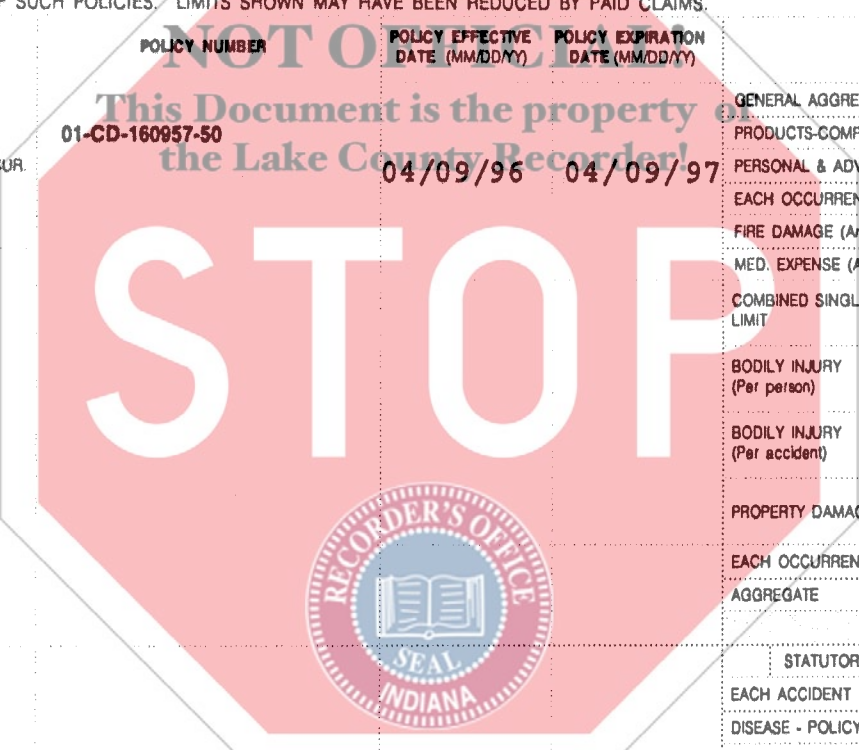
INSURED

ED MIKOLAJCZAK
 DBA PHASE ONE CONSTRUCTION
 6712 W. 145TH AVENUE
 CEDAR LAKE, IN 46303

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				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	01-CD-160957-50	04/09/96	04/09/97	GENERAL AGGREGATE \$ 1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	OWNERS' & CONTRACTOR'S PROT.				PERSONAL & ADV. INJURY \$ 500,000
					EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				EACH OCCURRENCE \$
	NON-OWNED AUTOS				AGGREGATE \$
	GARAGE LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
	EXCESS LIABILITY				DISEASE - POLICY LIMIT \$
	UMBRELLA FORM				DISEASE - EACH EMPLOYEE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				
	OTHER				



96023790

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

City of Hammond
 5925 Calumet Avenue
 Hammond IN 46324

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

Patricia E. Miller

ACORD CORPORATION 1990

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 96 APR 15 AM 9:15
 RECORDER

900 Sup