

ACORD. CERTIFICATE OF INSURANCE

CSR CO
TURNA-1

DATE (MM/DD/YY)
04/16/96

PRODUCER

The Braman Agency, Inc.
8601 Connecticut Street
Merrillville IN 46410-6286

James A. Lazewitz
Phone No. 219-738-2526 Fax No.
INSURED

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

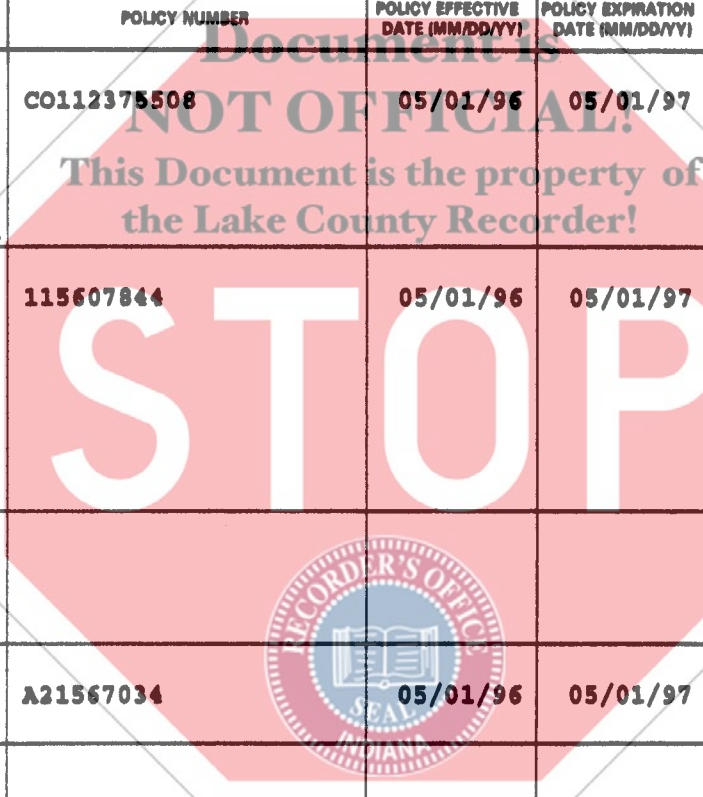
COMPANY A	CNA Insurance Company
COMPANY B	
COMPANY C	
COMPANY D	

Turnak Roofing, Inc.
4036 Georgia St.
Gary IN 46409-

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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> \$1000. PD DED. <input checked="" type="checkbox"/> Blanket Addl.Insd	CO112375508	05/01/96	05/01/97	GENERAL AGGREGATE	\$ 1000000
					PRODUCTS - COMPOP AGG	\$ 1000000
					PERSONAL & ADV INJURY	\$ 1000000
					EACH OCCURRENCE	\$ 1000000
A	<input checked="" type="checkbox"/> FIRE DAMAGE (Any one fire) <input checked="" type="checkbox"/> MED EXP (Any one person)				FIRE DAMAGE (Any one fire)	\$ 50000
					MED EXP (Any one person)	\$ 5000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	115607844	05/01/96	05/01/97	COMBINED SINGLE LIMIT	\$ 500,000.
					BODILY INJURY (Per person)	\$ 96026609
					BODILY INJURY (Per accident)	\$ 96026609
					PROPERTY DAMAGE	\$ 96026609
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$ 96026609
					OTHER THAN AUTO ONLY:	\$ 96026609
					EACH ACCIDENT	\$ 96026609
A	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	A21567034	05/01/96	05/01/97	EACH OCCURRENCE	\$ 1000000
					AGGREGATE	\$ 1000000
					Retained	\$ 10000
					<input checked="" type="checkbox"/> STATUTORY LIMITS	\$ 1000000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	112375525 SAME	05/01/96	05/01/97	EACH ACCIDENT	\$ 1000000
					DISEASE - POLICY LIMIT	\$ 1000000
					DISEASE - EACH EMPLOYEE	\$ 1000000
	OTHER					



STATE OF INDIANA
LAKE COUNTY
RECORDERS OFFICE
APR 23 PM 2:31
RECORDED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE002

LAKE COUNTY PLANNING COMM.
2293 N. 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 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

James A. Lazewitz

James A. Lazewitz
ACORD CORPORATION 1993