

ACORD. CERTIFICATE OF LIABILITY INSURANCE

CSR DK
TTC-01

DATE (MM/DD/YY)
04/17/96

PRODUCER
Hitzeman-Roberts Agency, Inc.
P. O. Box 341
1330 E. Commercial Avenue
Lowell IN 46356

LARRY R HITZEMAN
Phone No. 219-696-7321 Fax No.

INSURED
Fitzsimons Const., Inc.
P.O. Box 1091
Cedar Lake IN 46303

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	Monroe Guaranty Ins. Co
COMPANY B	Western Surety
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 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	MG203804N-96	04/16/96	04/16/97	GENERAL AGGREGATE \$ 1000000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 500000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500000	
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500000	
					FIRE DAMAGE (Any one fire) \$ 50000	
					MED EXP (Any one person) \$ 5000	
A	AUTOMOBILE LIABILITY	MG203804-96	04/16/96	04/16/97	COMBINED SINGLE LIMIT \$ 500000	
	<input type="checkbox"/> ANY AUTO				96029796	
	<input type="checkbox"/> ALL OWNED AUTOS					
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$	
					EACH ACCIDENT \$	
	EXCESS LIABILITY				AGGREGATE \$	
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE \$	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	MG203804W-96	04/16/96	04/16/97	WC STATUTORY LIMITS	
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$ 500000	
					<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	EL DISEASE - POLICY LIMIT \$ 500000
						EL DISEASE - EA EMPLOYEE \$ 500000
B	Lake County Bond	60379965	05/08/95	05/08/97	5000	
	Builder's Risk	MG203804N-96	04/16/96	04/16/97		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
Contractors Office . Carpentry in the construction of snpl family dwellingsnot

CERTIFICATE HOLDER

LAKE003


Lake County Plan Commission
2293 North 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

LARRY R HITZEMAN



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