

ACORD. CERTIFICATE OF INSURANCE

CSR LH
BRADA-1DATE (MM/DD/YY)
05/08/96

PRODUCER

George C. Rogge Agency, Inc.
8585 Broadway, Suite 755
Merrillville IN 46410Phone No. 219-738-2838 Fax No.
INSUREDBradash LTD
4762 Hillcrest
Crown Point IN 46307

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. 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	01CD3962174	02/19/96	02/19/97	GENERAL AGGREGATE \$ 100000
	PRODUCTS - COMP/OP AGG \$ 100000				
	PERSONAL & ADV INJURY \$ 50000				
	EACH OCCURRENCE \$ 50000				
	FIRE DAMAGE (Any one fire) \$ 50000				
	MED EXP (Any one person) \$ 5000				
	COMBINED SINGLE LIMIT \$ 100000				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	01CD3962174	02/19/96	02/19/97	BODILY INJURY (Per person) \$ 12
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE \$				
	AUTO ONLY - EA ACCIDENT \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EACH ACCIDENT \$
	AGGREGATE \$				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
	AGGREGATE \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMIT \$
	EACH ACCIDENT \$				
	DISEASE - POLICY LIMIT \$				
	DISEASE - EACH EMPLOYEE \$				
B	Lake County Bond	42783664	05/08/96	05/08/97	5000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKECO1

LAKE COUNTY BUILDING
& PLANNING COMMISSION
2293 NORTH MAIN STREET
CROWN POINT IN 46307

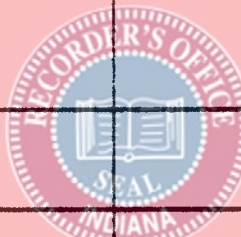
CANCELLATION

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

George A Rogge

ACORD CORPORATION 1993



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 96 MAY - 9 AM 9:37
 RECORDER

dr 1586
 900
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