

ACORD. CERTIFICATE OF INSURANCE

CSR #3
CASCO-1

DATE (MM/DD/YY)
09/10/96

PRODUCER

Smith Insurance Agency
618 East Third Street
Hobart IN 46342

Richard L. Smith
Phone No. 219-942-1148 Fax No.

INSURED

Casual Construction, Inc.
David Flood
759 W. Co. Rd 600 N
Hobart IN 46342

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 Insurance Co.
COMPANY B	
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	<input checked="" type="checkbox"/> GENERAL LIABILITY	01-CC-784415-70	08/06/96	08/06/97	GENERAL AGGREGATE	\$ 1,000,000.	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000,000.	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 500,000.	
	<input type="checkbox"/> OWNERS & CONTRACTORS PROT				EACH OCCURRENCE	\$ 500,000.	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	01-CC-784415-70	08/06/96	08/06/97	FIRE DAMAGE (Any one fire)	\$ 50,000.	
					<input type="checkbox"/> ANY AUTO	MEC EXP (Any one person)	\$ 10,000.
					<input type="checkbox"/> ALL OWNED AUTOS	COMBINED SINGLE LIMIT	\$ 500,000.
					<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)	\$
					<input type="checkbox"/> HIRED AUTOS	BODILY INJURY (Per accident)	\$
					<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE	\$
					<input type="checkbox"/>	AUTO ONLY - EA ACCIDENT	\$
					<input type="checkbox"/>	OTHER THAN AUTO ONLY:	\$
					<input type="checkbox"/>	EACH ACCIDENT	\$
					<input type="checkbox"/>	AGGREGATE	\$
A	<input type="checkbox"/> EXCESS LIABILITY				EACH OCCURRENCE	\$	
					<input type="checkbox"/> UMBRELLA FORM	AGGREGATE	\$
					<input type="checkbox"/> OTHER THAN UMBRELLA FORM		\$
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	01-WC-466800-70	08/06/96	08/06/97	STATUTORY LIMITS		
					<input type="checkbox"/> THE PROPRIETOR/PARTNER/EXECUTIVE OFFICERS ARE:	EACH ACCIDENT	\$ 100,000.
					<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	DISEASE - POLICY LIMIT	\$ 500,000.
					<input type="checkbox"/>	DISEASE - EACH EMPLOYEE	\$ 100,000.
	<input type="checkbox"/> OTHER						



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 SEP 18 AM 10:35
 RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKCO-9

Lake County
ATT: Building Department
2293 North Main Street
Crown Point IN 46342

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

Richard L. Smith

Richard L. Smith (Signature)
900
ACORD CORPORATION 1993