

# ACORD. CERTIFICATE OF LIABILITY INSURANCE

CSR BY **BLUCC-1** DATE (MM/DD/YY) **08/29/96**

**PRODUCER**

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

Gordon L. Ensing  
Phone No. 219-738-2526 Fax No. 219-738-1833

**INSURED**

Blue Construction, Inc.  
2008 W. Lincoln Hwy, Suite 559  
Merrillville IN 46410

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.

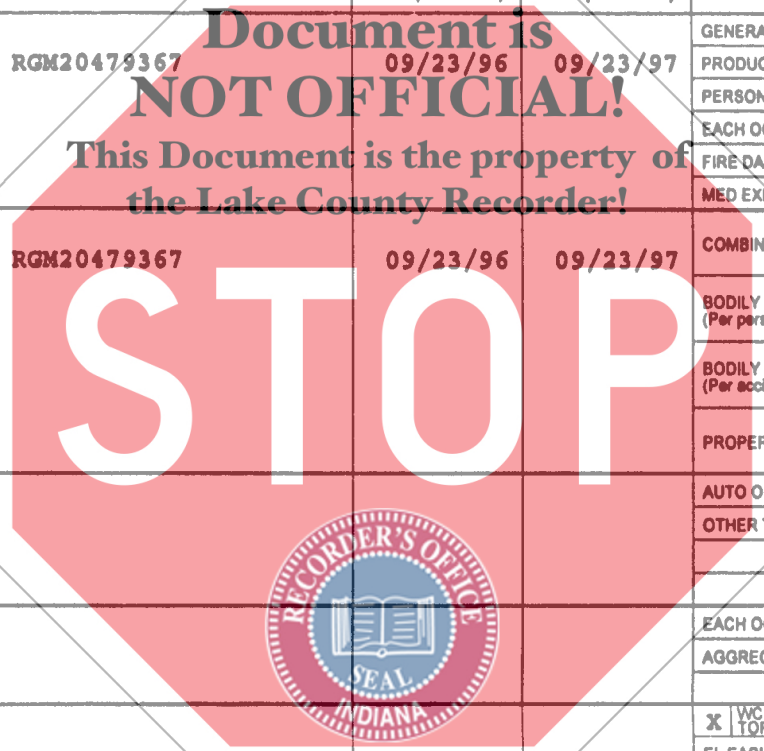
**COMPANIES AFFORDING COVERAGE**

COMPANY A	Maryland Insurance Group
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	GENERAL LIABILITY	RGM20479367	09/23/96	09/23/97	GENERAL AGGREGATE \$ 1,000,000.
	<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				PRODUCTS - COMP/OP AGG \$ 1,000,000. PERSONAL & ADV INJURY \$ 500,000. EACH OCCURRENCE \$ 500,000. FIRE DAMAGE (Any one fire) \$ 50,000. MED EXP (Any one person) \$ 5,000.
A	AUTOMOBILE LIABILITY	RGM20479367	09/23/96	09/23/97	COMBINED SINGLE LIMIT \$ 960,000.00
	<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				BODILY INJURY (Per person) \$ 1,000,000. BODILY INJURY (Per accident) \$ 1,000,000. PROPERTY DAMAGE \$ 100,000.
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY				<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	TC582538274	09/23/96	09/23/97	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000. EL DISEASE - POLICY LIMIT \$ 500,000. EL DISEASE - EA EMPLOYEE \$ 100,000.
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
	OTHER				



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
AUG 30 1996  
11:30 AM

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

LAKE COUNTY PLAN COMMISSION

**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**

Gordon L. Ensing *Gordon L. Ensing*

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