

# ACORD. CERTIFICATE OF INSURANCE

CSR LH  
MITRO-1

DATE (MM/DD/YY)  
09/23/96

**PRODUCER**

Fleming, Bates & Barber Ins.  
P. O. Box 907  
Crown Point IN 46307

G. Michael Winslow, CIC

Phone No. 219-663-2483 Fax No.

**INSURED**

M & S Concrete, Inc.  
5007 White Oak Terrace  
Lowell IN 46356

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 Ohio Casualty 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	BH09752098699	09/14/96	09/14/97	GENERAL AGGREGATE	\$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1000000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1000000
					FIRE DAMAGE (Any one fire)	\$ 50000
					MED EXP (Any one person)	\$ 5000
					COMBINED SINGLE LIMIT	\$ 96064620
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person)	\$
	ANY AUTO				BODILY INJURY (Per accident)	\$
	ALL OWNED AUTOS				PROPERTY DAMAGE	\$
	SCHEDULED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	HIRE AUTOS				OTHER THAN AUTO ONLY:	
	NON-OWNED AUTOS				EACH ACCIDENT	\$
	GARAGE LIABILITY				AGGREGATE	\$
	ANY AUTO				EACH OCCURRENCE	\$
	EXCESS LIABILITY				AGGREGATE	\$
	UMBRELLA FORM				STATUTORY LIMITS	\$
	OTHER THAN UMBRELLA FORM				EACH ACCIDENT	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				DISEASE - POLICY LIMIT	\$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL			DISEASE - EACH EMPLOYE	\$
	OTHER					

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STOP



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
96 SEP 30 AM 10:19  
RECORDED

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
CONCRETE FINISHING

**CERTIFICATE HOLDER**

LAKCO-1

LAKE COUNTY PLAN COMMISSION  
2293 N. MAIN  
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

G. Michael Winslow, CIC