

ACORD, CERTIFICATE OF LIABILITY INSURANCE

CSR LH
ACEPA-1

DATE (MM/DD/YY)
10/02/96

PRODUCER

George C. Rogge Agency, Inc.
8585 Broadway, Suite 755
Merrillville IN 46410

Phone No. 219-738-2838 Fax No. 219-769-0065

INSURED

Ace Paving
Penny Stanley Gilk & Sam Gilk
6632 Melton Rd Lot 97
Gary IN 46403

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.

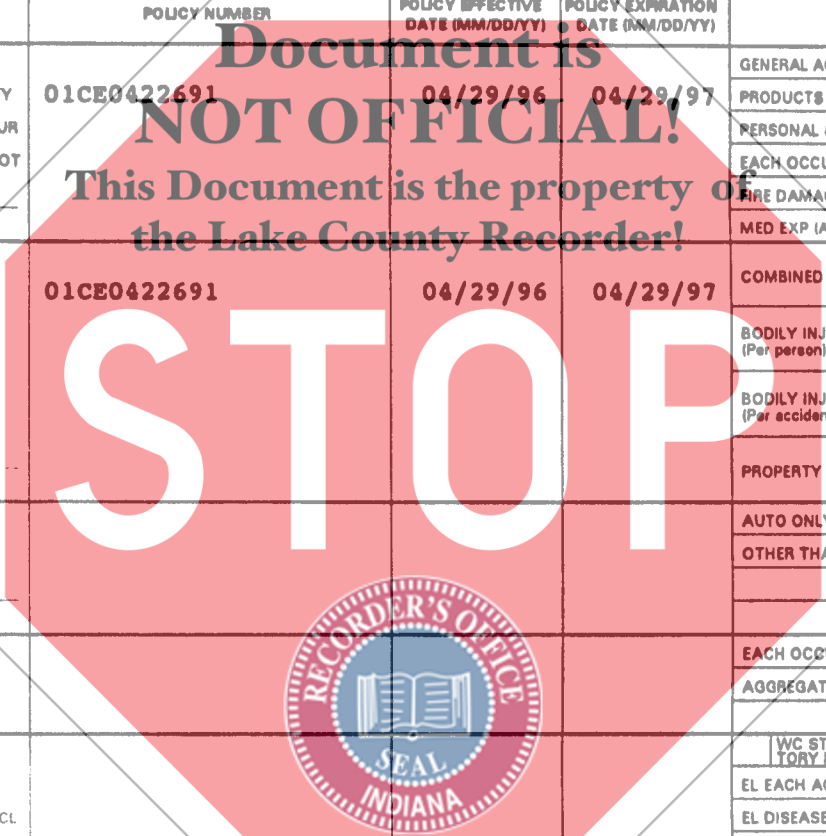
COMPANIES AFFORDING COVERAGE

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	01CE0422691	04/29/96	04/29/97	GENERAL AGGREGATE	\$ 600000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 600000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 300000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 300000
					FIRE DAMAGE (Any one fire)	\$ 50000
					MED EXP (Any one person)	\$ 5000
A	AUTOMOBILE LIABILITY	01CE0422691	04/29/96	04/29/97	COMBINED SINGLE LIMIT	\$ 100000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 100000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ 100000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$ 100000
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$ 100000
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY:	\$ 100000
	GARAGE LIABILITY				EACH ACCIDENT	\$ 100000
	<input type="checkbox"/> ANY AUTO				AGGREGATE	\$ 100000
					EACH OCCURRENCE	\$ 100000
	EXCESS LIABILITY				AGGREGATE	\$ 100000
	<input type="checkbox"/> UMBRELLA FORM					\$ 100000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$ 100000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	\$ 100000
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT	\$ 100000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT	\$ 100000
B	OTHER	42759109	10/02/96	10/02/97	EL DISEASE - EA EMPLOYEE	\$ 100000
	LAKE COUNTY BOND				BOND	\$ 50000



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 OCT - 2 PM:28
RECORDER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

<p>CERTIFICATE HOLDER</p> <p style="text-align: center;">LAKECO1</p> <p>LAKE COUNTY BUILDING & PLANNING COMMISSION 2293 NORTH MAIN STREET CROWN POINT IN 46307</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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.</p> <p>AUTHORIZED REPRESENTATIVE <i>Debra Heckema</i></p>
---	---