		Cire		0)11111		
1	ACORD CERTIFICATE	OF LIABIL	ITY I	ISURAN		DATE (MM/DO/YY) 02/03/1997
PRO	ter W. Schultz Alega, UT645	474-4173	THIS CERTI		DAS A MATTER OF INFOR	RMATION
/a l	ter W. Schultz Alega, Ulba 5	97 H	ONLY AND	CONFERS NO RIG	HTS UPON THE CERTIFIC DOES NOT AMEND, EXTERNING BY THE POLICIES	ATE.
181	119 Torrence Avenue		ALTER THE	COVERAGE AFF	ORDED BY THE POLICIES	BELOW.
	, , , , , , , , ,	MOI.		11	AFFORDING COVERAGE	
	nsing, IL 60438	Ewa.	PERMANA DE	indiana Insu	rance Company	
Attr	IRED	Ext:				
	Bandstra Builders	,	COMPANY B			
	Theodone Dondone DDA		COMPANY			
_	Theodore Bandstra DBA — \$01 Willow Ln		C			
J	Dyer, IN 46311		COMPANY			
			D	****		
	VERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INDICATED, NOTWITHSTANDING ANY REQUIREMENT, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE ILL EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIE	TERM OR CONDITION OF A NSURANCE AFFORDED BY	NY CONTRACT	OR OTHER DOCUMENT DESCRIBED HEREI	MENT WITH RESPECT TO W	HICH THIS
CO LTR	TYPE OF INSURANCE POLICE		ICY EFFECTIVE TE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	·C
	GENERAL LIABILITY	Docum	ient i	IS\\	GENERAL AGGREGATE \$	1,000,000
	X COMMERCIAL GENERAL LIABILITY	TOT OF		ATI	PRODUCTS - COMP/OP AGG \$	500,000
A	CLAIMS MADE X OCCUR 23-003-927	OI OF	/18/1996	07/18/1997	PERSONAL & ADV INJURY \$	500,000
	OWNER'S & CONTRACTOR'S PROT	Document is	the pro	operty of	EACH OCCURRENCE \$	500,000
		e Lake Coun	_		FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$	50,000 5,000
	AUTOMOBILE LIABILITY	e Lake Com	Lynnee	or der:	MED EXP (Ally one person)	3,000
	ANY AUTO				COMBINED SINGLE LIMIT \$	300,000
	X ALL OWNED AUTOS				BODILY INJURY	
A	X SCHEDULED AUTOS 22-220-690	02	/10/1997	02/10/1998	(Per person)	
• •	HIRED AUTOS		, 40, 400,	00,00,000	BODILY INJURY	
	NON-OWNED AUTOS				(Per accident)	
					PROPERTY DAMAGE \$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	
	ANY AUTO	TUTTER	C III		OTHER THAN AUTO ONLY	
		R. O. R. D. C.	S. O. C.		EACH ACCIDENT \$	
					AGGREGATE \$	
	EXCESS LIABILITY				EÁCH OCCURRENCE \$	
	OTHER THAN UMBRELLA FORM	E . SEA	المجالة المحالية		AGGREGATE	
	WORKERS COMPENSATION AND	WDIA NOTA	NA		WC STATU- OTH- TORY LIMITS ER	
	EMPLOYERS' LIABILITY	02	/14/1007	02/24/1008	EL EACH ACCIDENT \$	500,000
۸	THE PROPRIETOR/ PARTNERS/EXECUTIVE WC 9056636	02	/14/1997	02/14/1998	EL DISEASE - POLICY LIMIT \$	500,000
	OFFICERS ARE EXCL			· • • • • • • • • • • • • • • • • • • •	EL DISEASE - EA EMPLOYEE \$	500,000
	OTHER					
DER	CRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITE	MS			<u> </u>	
DE W	ONE HOLD OF ENGINEERS FINE TENE					
CEI	RTIFICATE HOLDER	1	CANCELLATI	ON		
			SHOULD ANY	OF THE ABOVE DESC	RIBED POLICIES BE CANCELLED	BEFORE THE
			EXPIRATION	date thereof, the i	SSUING COMPANY WILL ENDEAY	OR TO MAIL
					THE CERTIFICATE HOLDER NAM	•
	County of Lake				CE SHALL IMPOSE NO OBLIGATIO	
	2293 N Main St	<u> </u>	OF ANY KIND AUTHORIZED RE		, ITS AGENTS OR REPRESENTAT	IVES.
	Crown Point, IN 46307	'	AUTHORIZED NE	Demis	Schult anna In	
AC.	ORD 28-S (1/86)	ļ	,		CACORD C	ORPORATION 198
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