

# ACORD. CERTIFICATE OF LIABILITY INSURANCE

CSR  
DMWIL-1

DATE (MM/DD/YY)  
12/26/96

**PRODUCER**  
Nietfeldt Ins. Agency, Inc.  
155 N. Main Street  
P. O. Box 638  
Manteno IL 60950

**Kevin W. Nietfeldt**  
Phone No. 815-468-3471 Fax No. 815-468-3481  
INSURED

**J. N. Williams Concrete**  
**J. N. Williams Construction Co**  
P. O. Box 933  
Peotone IL 60468

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

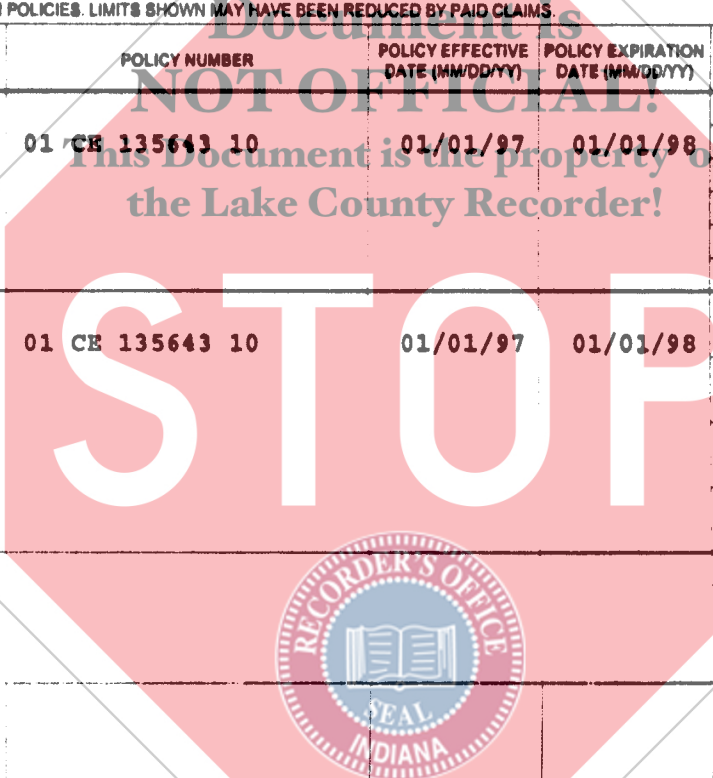
- COMPANY A American States Insurance
- COMPANY B
- COMPANY C
- COMPANY D

97008102

### 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT.	01 CE 135643 10	01/01/97	01/01/98	GENERAL AGGREGATE \$ 2000000	
					PRODUCTS - COMP/OP AGG \$ 2000000	
					PERSONAL & ADV INJURY \$ 2000000	
					EACH OCCURRENCE \$ 1000000	
					FIRE DAMAGE (Any one fire) \$ 500000	
					MED EXP (Any one person) \$ 50000	
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	01 CE 135643 10	01/01/97	01/01/98	COMBINED SINGLE LIMIT \$ 2000000	
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE \$	
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$	
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT \$	
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				AGGREGATE \$	
					EACH OCCURRENCE \$	
					AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:	<input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	01 WC 794240 10	01/01/97	01/01/98	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
						EL EACH ACCIDENT \$ 100000
						EL DISEASE - POLICY LIMIT \$ 500000
						EL DISEASE - EA EMPLOYEE \$ 100000
	OTHER					



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 RECORDER  
 CARRIER  
 PG 2:40

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Concrete & Construction Co.

### CERTIFICATE HOLDER

LAKECOU

Lake County Plan Commission  
Planning & Building Department  
2293 N. Main Street  
Crown Point IL 46307

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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

Kevin W. Nietfeldt

*Kevin W. Nietfeldt*  
900  
ACORD CORPORATION 1988