

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

ISSUE DATE (MM/DD/YY)
01/02/97

ACORD. CERTIFICATE OF INSURANCE

97009272

PRODUCER
Hammond Insurance Agency
608 - 165th Street
P. O. Box 4125
Hammond, Indiana 46324-4125

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.

RECORDED
COMPANIES AFFORDING COVERAGE

INSURED
R J Raab Construction, Inc
9074 Cline
Crown Point, IN
46307

COMPANY LETTER A *American States Ins Co
COMPANY LETTER B *American Economy Ins Co
COMPANY LETTER C
COMPANY LETTER D
COMPANY LETTER E

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 LTA	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$ 1,000,000
	CLAIMS MADE OCCUR				PRODUCTS-COMP/OP AGGR. \$ 1,000,000
A	OWNER'S & CONTRACTOR'S PROT.	01CD88917020	01/01/97	01/01/98	PERSONAL & ADV. INJURY \$ 500,000
					EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 10,000
	AUTOMOBILE LIABILITY				
	X ANY AUTO				COMBINED SINGLE LIMIT \$ 500,000
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
B	SCHEDULED AUTOS	02CC67871520	01/01/97	01/01/98	BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKER'S COMPENSATION				X STATUTORY LIMITS
A	AND EMPLOYERS' LIABILITY	01WC77044820	01/01/97	01/01/98	EACH ACCIDENT \$ 100,000
					DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
CARPENTRY CONTRACTOR

CERTIFICATE HOLDER

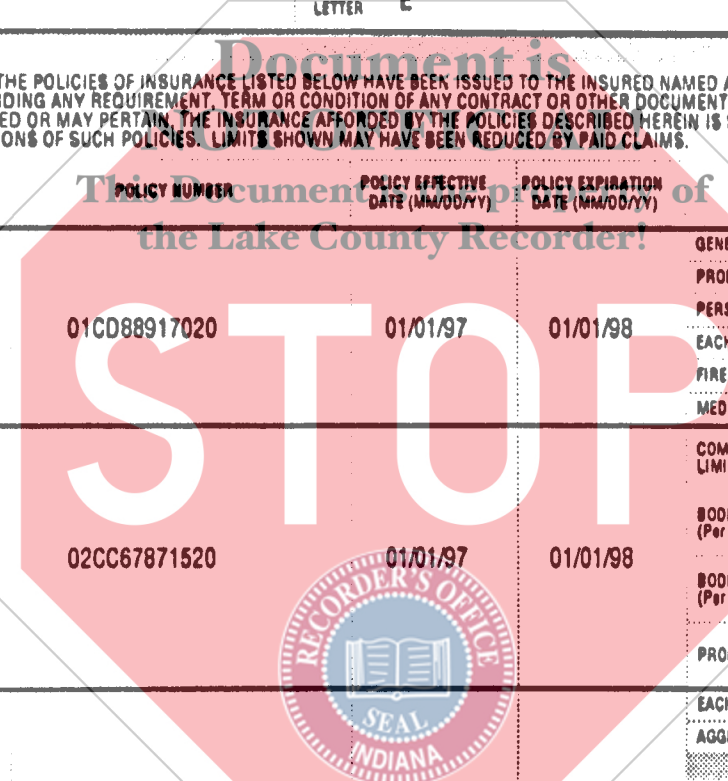
Lake County Planning
Commission
2293 N. Main Street
Crown Point, IN 47307

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

Lawrence S. Meyers



ck # 475
9/4/98