

ACORD, CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

2/11/97

PRODUCER

Discount Family Insurance
4801 White Oak
East Chicago, IN 46312

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 General Agents Insurance Company America
- COMPANY B
- COMPANY C
- COMPANY D

97010141

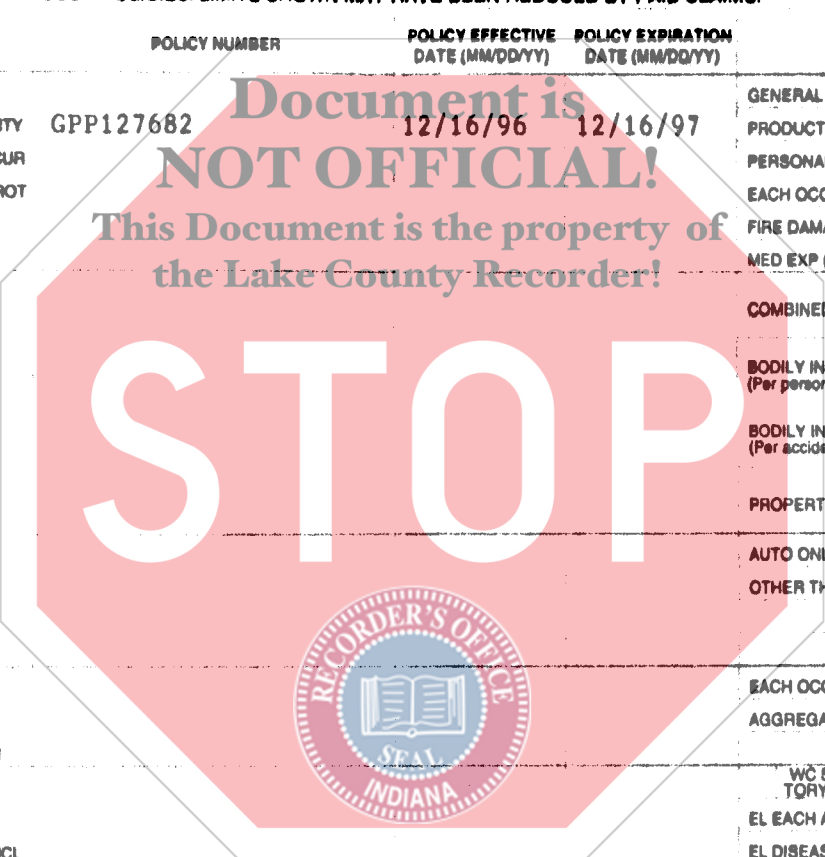
INSURED

Ortiz Construction
3929 Deal Street
East Chicago, IN 46312

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) | LIMIT |
|--------|--|---------------|----------------------------------|-----------------------------------|--|
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT | GPP127682 | 12/16/96 | 12/16/97 | GENERAL AGGREGATE 300,000 PRODUCTS - COMP/OP 300,000 PERSONAL & ADV INJURY 300,000 EACH OCCURRENCE 300,000 FIRE DAMAGE (Any one person) 500,000 MED EXP (Any one person) 500,000 COMBINED SINGLE LIMIT |
| | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS | | | | BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE |
| | GARAGE LIABILITY ANY AUTO | | | | AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE |
| | EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM | | | | EACH OCCURRENCE AGGREGATE |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: INCL OTHER: EXCL | | | | WC STATUTORY LIMITS OTHER EL EACH ACCIDENT EL DISEASE - POLICY LIMIT EL DISEASE - EA EMPLOYEE |



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR REC'D
 MORRIS W. CARTER
 RECORDER
 97 FEB 19 4 10 PM '97

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLE/SPECIAL ITEMS

Plumbing, Electrical, Remodeling and Painting

Handwritten initials/signature

CERTIFICATE HOLDER

City of ~~OX~~ Crown Point

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
Keith Hinkle