

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/10/1997

PRODUCER (219)924-7770 FAX (219)922-0723
CFS Insurance Agency
1730 45th Street
MUNSTER, IN 46321

97069271

Attn: CIC, Katherin Carollo

Ext:

INSURED
Ivan's Ceramic & Marble Inc
12750 W 151st Street
Cedar Lake, IN 46303

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
97 OCT 10 11:39
COMPANY A Lake States Insurance
COMPANY B MORRIS W. CARTER RECORDED
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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	TBD	10/01/1997	10/01/1998	GENERAL AGGREGATE \$ 1,000,000
		PRODUCTS - COMP/OP AGG \$ 1,000,000			
		PERSONAL & ADV INJURY \$ 500,000			
		EACH OCCURRENCE \$ 500,000			
		FIRE DAMAGE (Any one fire) \$ 50,000			
		MED EXP (Any one person) \$ 5,000			
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	TBD	10/01/1997	10/01/1998	COMBINED SINGLE LIMIT \$ 500,000
		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 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE	TBD INCL EXCL	10/01/1997	10/01/1998	WC STATUTORY LIMITS OTH-ER \$
		EL EACH ACCIDENT \$ 100,000			
		EL DISEASE - POLICY LIMIT \$ 500,000			
	OTHER				EL DISEASE - EA EMPLOYEE \$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Town of Munster
1005 Ridge Road
Munster, IN 46321

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

Katherin J. Carollo

ACORD CORPORATION 1988

CSO
10/13