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CERTIFICATE OF INSURANCE

United Farm Family Mutual Insurance Company

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Family Mutual Insurance Company. 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 coverages afforded by the policies below.

NAMED INSURED AND MAILING ADDRESS

CONSOLIDATED CONSTRUCTION INC
101 W 18TH ST
LA PORTE, IN 46350

CERTIFICATE ISSUED TO

LAKE COUNTY LICENSING DEPT
LAKE COUNTY PLANNING & BUILDING DEPT
2293 NORTH MAIN ST
CROWN POINT, IN 46307

COVERAGES

THIS IS TO CERTIFY THAT 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.

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands	
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners & Contractors Protect. <input type="checkbox"/>	65-7-1262751	4-17-97	2-11-98	General Aggregate Prod.-Comp/OPS Aggregate Personal-Advertising Injury Each Occurrence Fire Damage (Any one fire) Med Expense (Any one person)	\$ 1,000 \$ 1,000 \$ NONE \$ 500 \$ 50 \$ 97070069
AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Owned Pvt Pass Autos Only <input type="checkbox"/> Owned Other Than Pvt Pass <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>				CSL \$	
UMBRELLA LIABILITY				Each Occurrence \$ Aggregate \$	
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	63-5-1262752	2-11-97	2-11-98	Statutory - Indiana \$ 100 (Each Accident) \$ 500 (Please Policy Limit) \$ 100 (Please Each Employer)	97 OCT 15 PM 12:30
OTHER					STATE OF INDIANA LAKE COUNTY FILED FOR RECORD CROWN POINT, IN OCT 15 1997 1090 #42003

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

10-15-97
Date

Thomas O'Leary
Authorized Representative

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