ACORD CERTIFICATE OF LIABILITY INSURANCE

09/15/1997

PRODUCER

FAX (317)639-6910

M. J. Schuetz Agency

55 Monument Circle, Suite 500

P.O. Box 44070

Indianapolis, IN 46244-0070

Attn:

Ext:

INSURED

CPM, Construction, Planning & Management Inc.
10053 N Hague Road
Indianapolis, IN 46256-3310

... .

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

MM.J. SCHUETZ AGENCY

COMPANY OF HERIALISH BURIANCE-SURETY BOHDS

B SPECIALIZING IN THE CONSTRUCTION INDUSTRY

COMPANY

COMPANY

P.O. BOX 44070 58 MONUMENT CIRCLE (317) 639-5679 FAX: (317) 639-6910 INDIANAPOLIS INDIANA 48844

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 TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY RFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY				GENERAL AGGREGATE	•	2,000,000
	X COMMERCIAL GENERAL LIABILITY CLAMS MADE X OCCUR CPP0832149-07		10/01/1997	10/01/1998	PRODUCTS - COMP/OP AGG	•	1,000,000
Α					PERSONAL & ADV INJURY	\$	1,000,000
^	OWNER'S & CONTRACTOR'S PROT	EACH OCCURRENCE			•	1,000,000	
				:	FIRE DAMAGE (Any one fire)	\$	50,000
				·	MED EXP (Any one person)	\$	5,000
	AUTOMOBILE LIABILITY X ANY AUTO				COMBINED SINGLE LIMIT	•	1,000,000
Δ	X ALL OWNED AUTOS X SCHEDULED AUTOS RAG	BA0098932-07	10/01/1997	10/01/1998	BODILY INJURY (Per person)	ص	•••••
^	X HIRED AUTOS X NON-OWNED AUTOS	20,02,233,	20, 02, 2000	BODILY INJURY (Per accident)	70		
					PROPERTY DAMAGE	7.4	
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT	052	
				:	AGGREGATE	\$	
	EXCESS LIABILITY		· · · · · · · · · · · · · · · · · · ·		EACH OCCURRENCE	s 1	10,000,000
В	X UMBRELLA FORM PEI	NDING	10/01/1997	10/01/1998	AGGREGATE		10,000,000
	OTHER THAN UMBRELLA FORM	····	·	:			
	WORKERS COMPENSATION AND	WC0173980-07	10/01/1997	10/01/1998	X WC STATU- OTH-		
Α	EMPLOYERS' LIABILITY WC				EL EACH ACCIDENT	•	500,000
•	THE PROPRIETOR/ X INCL. PARTNERS/EXECUTIVE		20, 02, 200.			19	_500,000
	OFFICERS ARE: EXCL			<u> </u>	EL DISEASE - EA EMPLOYÈE	<u>*Q</u>	-:500,000
	OTHER				-	-1	
					(2)	5.3	July Co
	DESTRUCTION OF ORTHOUGH COATIONS AFFINAL	PARABOAN PENA					- 755 -
e:	RIPTION OF OPERATIONS/LOCATIONS/VEHICL License and Permit Bond	EGIGLEVIAL II EMO			ور الت	Ö	SES
					ni ni	•••	ガーミ

CERTIFICATE HOLDER

ACORD 25-S (1/96)

Lake County and all Cities and Towns Within Lake County 2293 North Main Street Crown Point, IN 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

M. J. SCHUETZ AGENCY

DACORD CORPORATION 1988

094645

CERTIFICATE OF COMPLIANCE Worker's Compensation and Occupational Diseases State Form 41321 (R2 / 6-95)

This is to certify, pursuant to 630 IAC 1-1-37, Rules of the Worker's Compensation Board of Indiana that as of this date the records of the worker's Compensation Board of Indiana show the above-named employer is in compliance with Section 5, 68 and 69 of the Indiana Worker's Compensation Act (IC 22-3-2-5, 22-3-5-1 and 22-3-5-2) and Section 27 of the Indiana Worker's Occupational Diseases Act (IC 22-3-7-34) as described below:

Self-insured		
☐ Insured by		
Policy number	Effective Date	Expiration Date
WC017398007	10/1/97	10/1/98

Note: This coverage may expire prior to this date if cancelled by the employer or insurance carrier by notice to the Indiana Worker's Compensation Board.

This document may be reproduced. Additional engineers of institute unayant murifused from the inclaims Worker's Compensation Board. For further information contact the Insurance Division at (317)232-3820.

Employer CPM CONST PLANNING MGMT INC		
10053 N HAGUE ROAD		
INDIANAPOLIS, IN 46256		

Validation stamp:

VALID

SEP 2 9 1997

WCRKER'S COMPENSATION BOARD OF INDIANA
Certification Date
Verifier

9/29/97

(Certificate is not valid univer stumped, element and initialed.)

067 02 1997