

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12 / 1 / 1999

**PRODUCER**

Insurit, Inc.  
7337 W. Jefferson Blvd. S-200  
Ft. Wayne, IN 46804  
(219) 436-7337

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 LETTER	A	Monroe Guaranty Insurance Co.
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

7888358

**INSURED**

Charles Momper, Inc.  
dba Momper Insulation  
2431 West Main Street  
Fort Wayne, IN 46808

**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 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)	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	MG130919M-97	06/17/97	06/17/98	GENERAL AGGREGATE \$ 100,000 PRODUCTS-COMP/OP AGG \$ 100,000 PERSONAL & ADV. INJURY \$ 100,000 EACH OCCURRENCE \$ 100,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000 COMBINED SINGLE LIMIT \$ 500,000
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY	MG130919B-97	06/17/97	06/17/98	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	MG130919C-97	06/17/97	06/17/98	EACH OCCURRENCE \$ 5,000 AGGREGATE \$ 5,000
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	MG130919W-97	06/17/97	06/17/98	STATUTORY LIMITS EACH ACCIDENT \$ 100,000 DISEASE - POLICY LIMIT \$ 500,000 DISEASE - EACH EMPLOYEE \$ 100,000
	OTHER				

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
DEC 23 11:28 AM '99

**DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS**

Additional Named Insured: Momper Brothers, Inc.

**CERTIFICATE HOLDER**

ATTN: BEN NUZZO  
UNINCORPORATED AREAS OF  
LAKE COUNTY  
LAKE COUNTY, INDIANA  
CROWN POINTE, IN 46307

**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**

*(Signature)*

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