

# ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CO  
TURNA-1

DATE (MM/DD/YY)  
10/09/97

**PRODUCER**

The Braman Agency, Inc.  
8601 Connecticut Street  
Merrillville IN 46410-6286

James A. Lazerwitz  
Phone No. 219-738-2526 Fax No. 219-738-1833

**INSURED**

Turnak Roofing, Inc.  
4036 Georgia St.  
Gary IN 46409- ✓

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.

FILED FOR COMPANIES AFFORDING COVERAGE

COMPANY  
97 DEC 2 1997 CNA Insurance Company

COMPANY  
MERRILLVILLE

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	CO112375508	05/01/97	05/01/98	GENERAL AGGREGATE \$ 1000000
	PRODUCTS - COMP/OP AGG \$ 1000000				
A	<input checked="" type="checkbox"/> \$1000. PD DED. <input checked="" type="checkbox"/> Blanket Addl. Insd				PERSONAL & ADV INJURY \$ 1000000
					EACH OCCURRENCE \$ 1000000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	115607844	05/01/97	05/01/98	COMBINED SINGLE LIMIT \$ 500,000.
					BODILY INJURY (Per person) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	A21567034	05/01/97	05/01/98	AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EACH ACCIDENT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: INCL EXCL	112375525 SAME	05/01/97	05/01/98	AGGREGATE \$ 1000000
					Retained \$ 10000
A	OTHER				<input checked="" type="checkbox"/> WC STATU- JOB LIMITS \$ 100000
					EL EACH ACCIDENT \$ 100000
A					EL DISEASE - POLICY LIMIT \$ 500000
					EL DISEASE - EA EMPLOYEE \$ 100000

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

Fax: 219 294 3450

**CERTIFICATE HOLDER**

RPI0001

**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

James A. Lazerwitz

ACORD CORPORATION 1988

10/09/97