

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

CSR BC
LGSPL-1

DATE (MM/DD/YY)
06/28/99

PRODUCER

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

Gordon L. Ensing
Phone No. 219-738-2526 Fax No. 219-738-1833

INSURED

L.G.S. PLUMBING, INC.
1112 East Summit Street
Crown Point IN 46307

99063811

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 A	CNA Insurance Companies
COMPANY B	
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	1073545125	11/10/98	11/10/99	GENERAL AGGREGATE	\$ 1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000		
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000		
	<input checked="" type="checkbox"/> INCLUDING XCU				FIRE DAMAGE (Any one fire)	\$ 50,000		
	<input checked="" type="checkbox"/> INCL CONTRACTURAL				MED EXP (Any one person)	\$ 10,000		
A	AUTOMOBILE LIABILITY	1073545139	11/10/98	11/10/99	COMBINED SINGLE LIMIT	\$ 500,000		
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$		
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$		
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$		
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$		
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY:			
					EACH ACCIDENT	\$		
					AGGREGATE	\$		
A	EXCESS LIABILITY	1073545156	11/10/98	11/10/99	EACH OCCURRENCE	\$ 5,000,000		
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 5,000,000		
	OTHER THAN UMBRELLA FORM				Retention	\$ 10,000		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1073545142	11/10/98	11/10/99	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER		
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> INCL	<input type="checkbox"/> EXCL	EL EACH ACCIDENT	\$ 500,000
							EL DISEASE - POLICY LIMIT	\$ 500,000
							EL DISEASE - EA EMPLOYEE	\$ 500,000
A	OTHER	1073545125	11/10/98	11/10/99	\$250 DED	20,000		
	LEASED OR RENTED EQUIPMENT COVERAGE							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE003

LAKE COUNTY PLAN COMMISSION
PLANNING & BUILDING DEPARTMENT
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 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

Gordon L. Ensing

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