

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID MJ
EXTBU-1

DATE (MM/DD/YY)
03/27/00

PRODUCER

Smith Insurance Agency
618 East Third Street
Hobart IN 46342

Christian L. Barnes

Phone No 219-942-1148 Fax No 219-942-8094

INSURED

2000 021047

Extreme Building & Remodeling,
Inc.

332 West US 30, Suite A1
Valparaiso IN 46385

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.

STATE COMPANIES AFFORDING COVERAGE

COMPANY LAKE COUNTY
A FILE Frankennuth Mutual Ins. Co.

COMPANY
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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	BINDER # 4450	03/27/00	03/27/01	GENERAL AGGREGATE \$ 1000000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 1000000.
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 500000.
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$ 500000.
					FIRE DAMAGE (Any one fire) \$ 100000.
					MED EXP (Any one person) \$ 5000.
					COMBINED SINGLE LIMIT \$
	AUTOMOBILE LIABILITY				BODILY INJURY (Per person) \$
	ANY AUTO				BODILY INJURY (Per accident) \$
	ALL OWNED AUTOS				PROPERTY DAMAGE \$
	SCHEDULED AUTOS				AUTO ONLY - EA ACCIDENT \$
	HIRED AUTOS				OTHER THAN AUTO ONLY \$
	NON-OWNED AUTOS				EACH ACCIDENT \$
	GARAGE LIABILITY				AGGREGATE \$
	ANY AUTO				EACH OCCURRENCE \$
	EXCESS LIABILITY				AGGREGATE \$
	UMBRELLA FORM				\$
	OTHER THAN UMBRELLA FORM				WC STATUTORY LIMITS OTH-ER
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	BINDER # 4450	03/27/00	03/27/01	EL EACH ACCIDENT \$ 100000.
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT \$ 500000.
	OTHER				EL DISEASE - EA EMPLOYEE \$ 100000.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

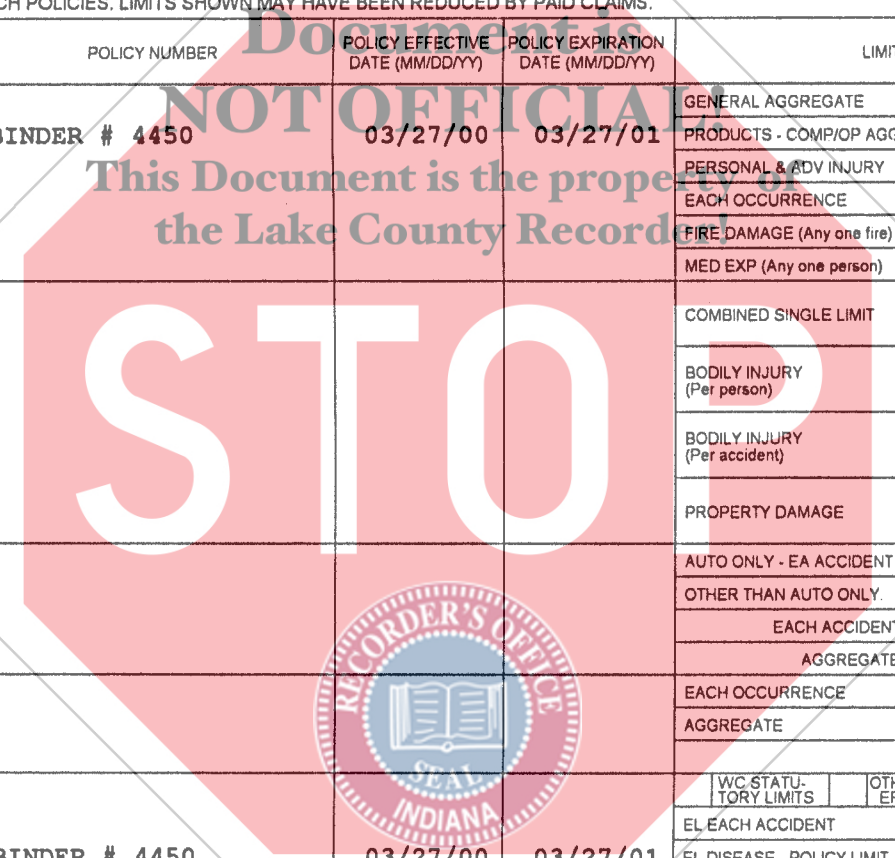
LAKCO-9

Lake County Board of Commissioners
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
Christian L. Barnes



Handwritten initials and date: *CL Barnes 3/27/00*

Handwritten number: *10*

25x10