

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
06/27/2000

PRODUCER (765)423-5421 FAX (765)742-7693
MBAH Insurance
2663 Duncan Road
Lafayette, IN 47903

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.

INSURED **MELS EXCAVATING TRUCKING**
MELVIN WIREMAN DBA
1398 EAST 900 NORTH 2000 055208
WHEATFIELD, IN 46392

INSURERS AFFORDING COVERAGE
INSURER A: CINCINNATI INSURANCE CO
INSURER B: CINCINNATI CASUALTY COMPANY
INSURER C: 2000 AUG -3 PM 1:3
INSURER D:
INSURER E: MORRIS W. CARLIS RECORDER

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPP 551 38 70 AWR	04/01/2000	04/01/2001	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 500,000
					GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS - COM/POP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY	CPP 551 38 70 AWR	04/01/2000	04/01/2001	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<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 (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
					EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
					\$
					\$
B	GARAGE LIABILITY	WC 8981536-01	04/01/2000	04/01/2001	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY AUTO				E.L. EACH ACCIDENT \$ 100,000
	EXCESS LIABILITY				E.L. DISEASE - EA EMPLOYEE \$ 100,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				E.L. DISEASE - POLICY LIMIT \$ 500,000
	<input type="checkbox"/> DEDUCTIBLE				
	<input type="checkbox"/> RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

LAKE COUNTY PLANNING COMMISSION
2293 N MAIN STREET
CROWN POINT, IN 46307

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

John D. Turner

ACORD 26-S (7/97)

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