

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

CSR  
PRECIS1

DATE (MM/DD/YY)

12/27/01

PRODUCER

Briggs Agency, Inc.  
4000 West Lincoln Highway  
Merrillville IN 46410

Phone No. 219-769-4840 Fax No. 219-769-0216

INSURED

Precision Builders, Inc.  
P.O. Box 11175  
Merrillville IN 46411

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.

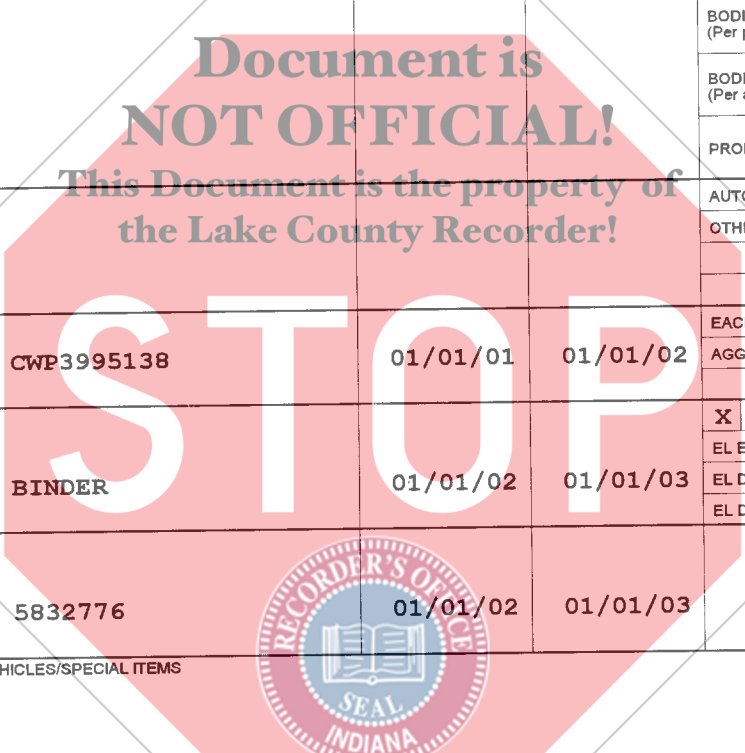
### COMPANIES AFFORDING COVERAGE

COMPANY A	Westfield Insurance Company
COMPANY B	Assigned Risk-Indiana
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	CWP 3995138	01/01/02	01/01/03	GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000	
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000	
					FIRE DAMAGE (Any one fire)	\$ 100,000	
					MED EXP (Any one person)	\$ 5,000	
A	AUTOMOBILE LIABILITY	CWP3995138	01/01/02	01/01/03	COMBINED SINGLE LIMIT	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					<input type="checkbox"/> EACH ACCIDENT	\$	
					<input type="checkbox"/> AGGREGATE	\$	
A	EXCESS LIABILITY	CWP3995138	01/01/01	01/01/02	EACH OCCURRENCE	\$ 3,000,000	
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 3,000,000	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	BINDER	01/01/02	01/01/03	<input checked="" type="checkbox"/> WVC STATUTORY LIMITS	OTHER	
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				<input checked="" type="checkbox"/> INCL	EL EACH ACCIDENT	\$ 500000
					<input type="checkbox"/> EXCL	EL DISEASE - POLICY LIMIT	\$ 500000
						EL DISEASE - EA EMPLOYEE	\$ 500000
A	OTHER						
	Lake County bond	5832776	01/01/02	01/01/03	License	\$5,000	



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
Carpentry NOC

CERTIFICATE HOLDER

LAKE003

Lake County Planning Commission  
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 30 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

*[Handwritten Signature]*  
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