	ACORD CERTIFIC	ATE OF LIABILI	TY INSU	RANCE	CSR BC	DATE (MM/DD/YYYY)	
The Braman Agency, LLC 8001 Broadway, Suite 300 Merrillville IN 46410-6286 Phone: 219-738-2526 Fax: 219-738-1833 INSURED  L & S Disposal, Inc. P. O. Box 618 Griffith IN 46319  COVERAGES			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.				
			INSURERS A	INSURERS AFFORDING COVERAGE			
			INSURER B:	INSURER C:			
			INSURER D:	INSURER D:			
			INSURER E:	INSURER E:			
TI Al	HE POLICIES OF INSURANCE LISTED BELOW HAV NY REQUIREMENT, TERM OR CONDITION OF ANY AY PERTAIN, THE INSURANCE AFFORDED BY TH OLICIES. AGGREGATE LIMITS SHOWN MAY HAVE	CONTRACT OR OTHER DOCUMENT WITH E POLICIES DESCRIBED HEREIN IS SUBJE	H RESPECT TO WHICH	H THIS CERTIFICATE M	AY BE ISSUED OR		
INSR ADD'L LTR INSRQ TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE	ILICY EFFECTIVE POLICY EXPIRATION LIMITS		TS	
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY	K47969	01/16/07	01/16/08	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 1,000,000 \$ 100,000	
	CLAIMS MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:				MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$5,000 \$1,000,000 \$2,000,000 \$2,000,000	
	POLICY PRO- JECT LOC				0		
A	X ANY AUTO ALL OWNED AUTOS	K47969	01/16/07	01/16/08	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	SCHEDULED AUTOS  X HIRED AUTOS	Docu	ment i	C	(Per person)	\$	
	X NON-OWNED AUTOS		FFICI	ALI	BODILY INJURY (Per accident)  PROPERTY DAMAGE	\$	
				anostri of	(Per accident)	\$	
	GARAGE LIABILITY  ANY AUTO	This Document the Lake Co			OTHER THAN AUTO ONLY:	<u> </u>	
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
	DEDUCTIBLE					<b>5</b> (2)	
	RETENTION \$ WORKERS COMPENSATION AND				X WC STATU- OTH TORY FIMITS ER		
A	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	K47969	01/16/07	01/16/08	E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYER	\$ 100,000	
	If yes, describe under SPECIAL PROVISIONS below	TOTAL STREET	THE POPULATION OF THE POPULATI		E.L. DISEASE POLICY LIMIT	\$.500,000	
	Omen				2: 20		
	CRIPTION OF OPERATIONS LOCATIONS / VEHIC ash/Refuse Hauler Contra		MENT/SPECIAL PRO	VISIONS		200	
CEF	RTIFICATE HOLDER		CANCELLAT	ION		<u> </u>	
LAKE001  Lake County Plan Commission 2293 North Main Street Crown Point IN 46307				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL $10$ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			