



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2011

PRODUCER
 Danny DiTola
 5900 Miller Ave
 Gary, IN 46403

INSURED
 Decor Tile, Inc
 10319 Wicker Ave
 Saint John, IN 46373

THIS CERTIFICATION 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 AFFORDING COVERAGE	NAIC #
INSURER A	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

2011 052306

2011 05 23 11:12:42

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.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY	GENERAL LIABILITY	94-BG-P184-2	06/01/2010	06/01/2012	EACH OCCURRENCE	\$ 1,000,000	
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000	
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$ 2,000,000	
					PRODUCTS - COM/OP AND	\$ 2,000,000	
						\$	
AUTOMOBILE LIABILITY	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO				BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS						
GARAGE LIABILITY	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY EA ACC	\$	
EXCESS / UMBRELLA LIABILITY	EXCESS / UMBRELLA LIABILITY				AGG	\$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE	\$	
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE	\$	
	RETENTION \$					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	94-BF-X054-5	06/01/2010	06/01/2012	WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				Y/N	E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH)				N	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
OTHER							



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

CERTIFICATE HOLDER
 LAKE COUNTY PLAN COMMISSION
 2293 N MAIN ST
 CROWN POINT, IN 46307

*No cc
 cash
 1 non com
 PD*

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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.

AUTHORIZED REPRESENTATIVE

D

STATE TARIFFS

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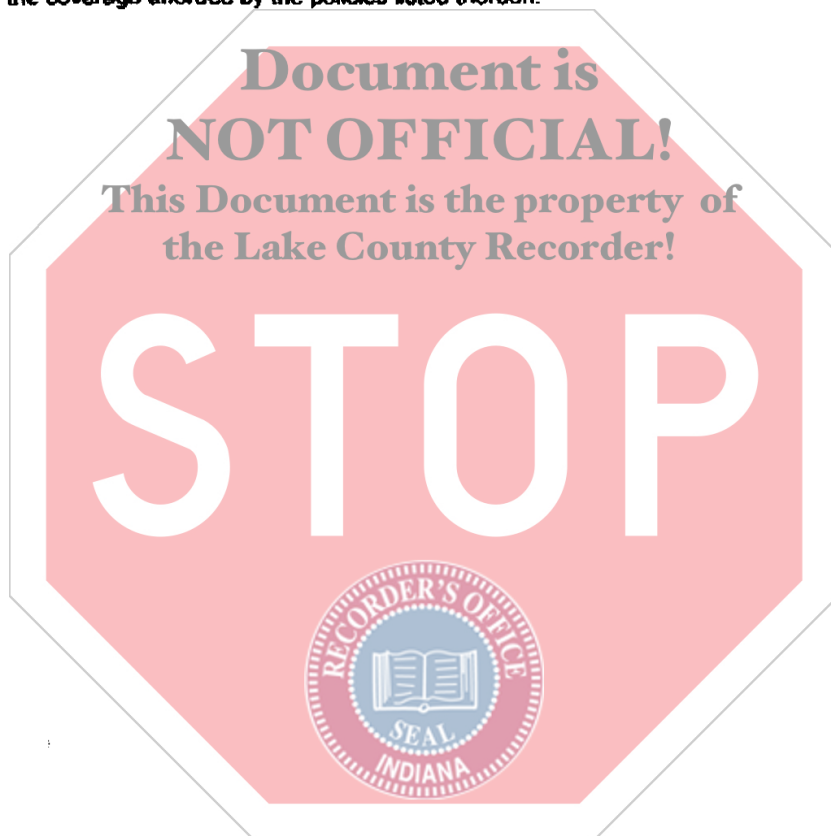
IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.





OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHELLE R. FAJMAN
Recorder

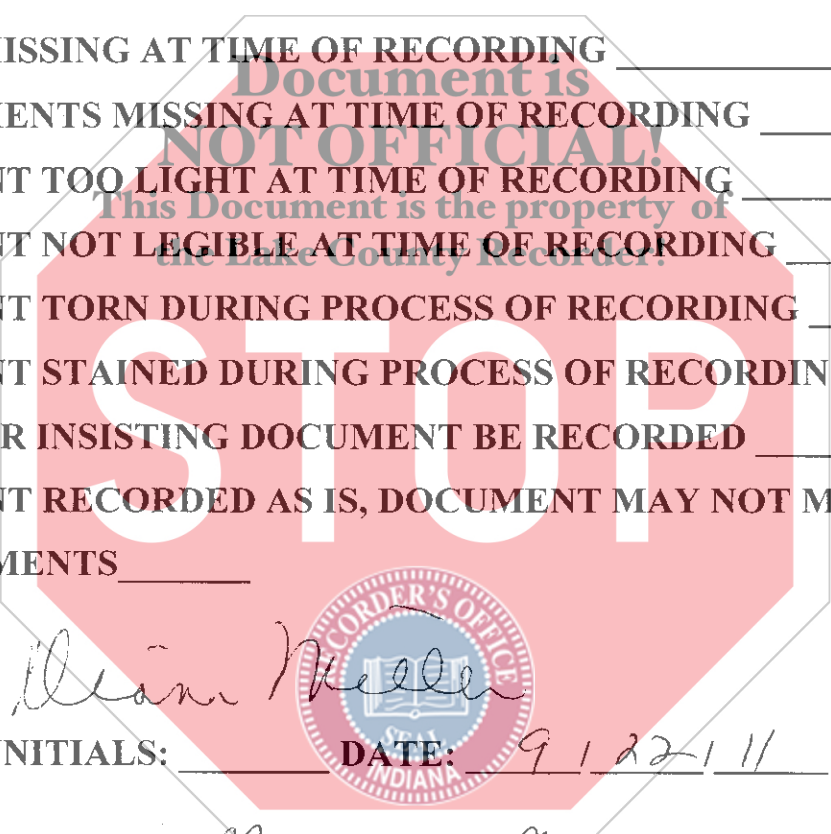


PHONE (219) 755-3730
FAX (219) 755-3257

DISCLAIMER

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9. CUSTOMER INSISTING DOCUMENT BE RECORDED _____
10. DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE REQUIREMENTS _____



Michelle Fajman

CUSTOMER INITIALS: _____ DATE: 9 / 22 / 11

EMPLOYEE INITIALS: MB DATE: 9 / 22 / 11