



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/06/2011

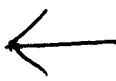
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER Phone: (239) 782-2123 Fax: (206) 339-8224
CONTRACTORS INSURANCE AGENCY
105 COMMERCIAL STREET
DOWAGIAC MI 49047

CONTACT NAME = B: \$2000 - \$2999 / \$10,000 - \$24999
PHONE (A/C, No, Ext) (269) 782-2123 FAX (A/C, No) (206) 339-8224
E-MAIL ADDRESS
PRODUCER CUSTOMER ID: 4534

INSURED
T & D EXCAVATING, INC.
C/O TOM BERENS
712 W. DIVISION RD.
HEBRON IN 46341



INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Hastings Mutual Insurance Company	14176
INSURER B :	Hastings Mutual Insurance Company	14176
INSURER C :	Hastings Mutual Insurance Company	14176
INSURER D :	Hastings Mutual Insurance Company	14176
INSURER E :	Hastings Mutual Insurance Company	14176
INSURER F :		

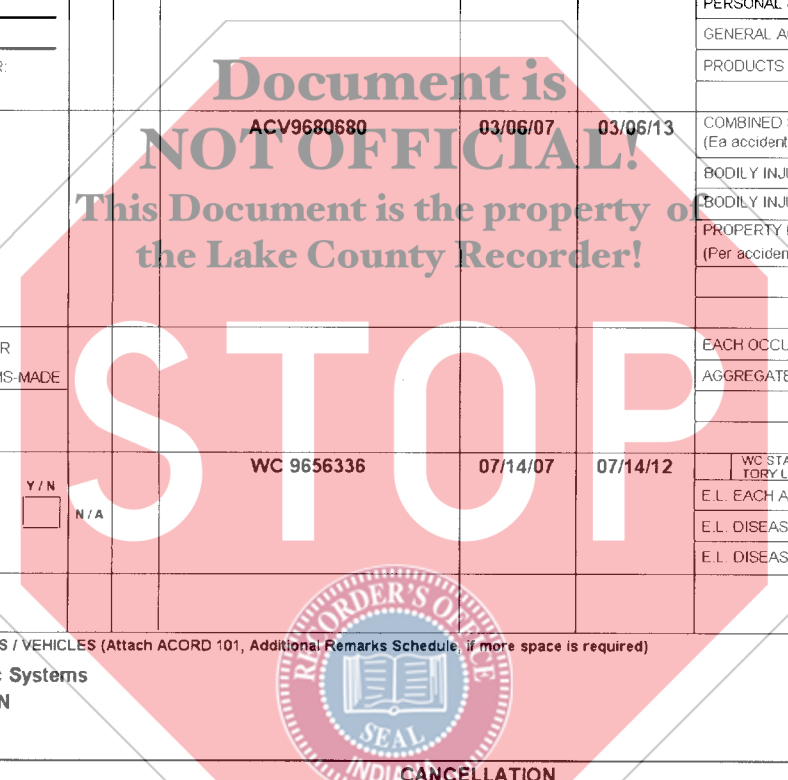
COVERAGES

CERTIFICATE NUMBER: 16593

REVISION NUMBER: 0

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.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT
	GENERAL LIABILITY			CPP9656335	07/14/07	07/14/12	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED. EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						
E	AUTOMOBILE LIABILITY			ACV9680680	03/06/07	03/06/13	
<input checked="" type="checkbox"/>	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) 1,000,000
	ALL OWNED AUTOS						BODILY INJURY (Per person)
	SCHEDULED AUTOS						BODILY INJURY (Per accident)
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)
	NON-OWNED AUTOS						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE
	DEDUCTIBLE						\$
	RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 9656336	07/14/07	07/14/12	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> N / <input type="checkbox"/> A				WC STATUTORY LIMITS \$
							OTH FR \$
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE-EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE-POLICY LIMIT \$ 1,000,000



022596
2011
DEC 15 AM 8:53
RECORDED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Type of Work - Excavating & Septic Systems
LAKE COUNTY PLAN COMMISSION
2293 N. MAIN ST.
CROWN POINT, IN 46308
CERTIFICATE HOLDER

\$12

LAKE COUNTY PLAN COMMISSION
2293 N. MAIN ST.
CROWN POINT, IN 46308

Attention: 219.755.3712

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CS

NON CONF