DATE (MM/DD/YYYY)

	CERTIFICATE OF LIAD	DILITI INSURANCE 12/13/2011	
CERTIFICATE DOES BELOW. THIS CEF REPRESENTATIVE (	ATE 3 ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS DOE: NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDER BY THE POLICIES CEF IFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER (S), AUTHORIZED VE (R PRODUCER, AND THE CERTIFICATE HOLDER.		
the terms and condi-	ertificate holder is an ADDITIONAL INSURED, the poons of the policy, certain policies may require an endeu of such endorsement(s).	olicy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to orsement. A statement on this certificate does not confer rights to the	
PRODUCER	asassa Insurance Inc	CONTACT NAME: PHONE (210) 662 2600 (210) 662 1225	
408 N. Mair	Street	(A/C, No, Ext): (219) 003-2000 (A/C, No): (219) 002-1223	
P.O. Box 96 CROWN P(	NT, IN 463080966	ADDRESS:  INSURER(S) AFFORDING COVERAGE  NAIC #	
	¥	INSURER A: AUTO-OWNERS INSURANCE	
INSURED MD Constru 5168 East 8	tion Enterprises, II, Inc.	INSURER B: WESTERN SURETY COMPANY	
Merrillville, I		INSURER C:	
		INSURER D : INSURER E :	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER: BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD	
INDICATED. NOTWITH CERTIFICATE MAY BE EXCLUSIONS AND CO	STANDING ANY REQUIREMENT, TERM OR CONDITION OF ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED DITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BILLIAND, ISLED	FANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  BY THE POLICIES DESCRIBED HEREIN IS SUBJECTIVE ALL THE TERMS.  EEN REDUCED BY PAID CLAIMS.	
INSR TYPE OF I	SURANCE INSR WVD POLICY NUMBER 024602-09013367	(MM/DD/YYYY) (MM/DD/YYYY) LIMITS	
COMMERCIAL GE		DAMAGE TO RENTED TO STANDARD S	
CLAIMS-MAE	OCCUR	MED EXP (Any one person) \$ 10,000	
		PERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIF	T APPLIES PEP	GENERAL AGGREGATE	
POLICY PF		nent is	
AUTOMOBILE LIABILIT		COMBINED SINGLE LIMIT (Ea accident)	
THIS SPACE	ETT CHEDULED NOT OF		
INTENTIONALLY	AUTOC	s the property of PROPERTY DAMAGE	
MIREDAUTOS	A0103	(Per accident) \$	
A V UMBRELLA LIAB	✓ occur 46-100093-00	11/13/2011 11/13/2012 EACH OCCURRENCE \$ 1,000,000	
EXCESS LIAB	CLAIMS-MADE	AGGREGATE \$ 1,000,000	
A WORKERS COMPENSA	ION 021702-09050826	11/13/2011 11/13/2012	
AND EMPLOYERS' LIAI ANY PROPRIETOR/PAR	NER/EXECUTIVE	ELL EACH ACCIDENT \$ 100,000	
OFFICER/MEMBER EXC (Mandatory in NH) If yes, describe under		E.L. DISEASE - EA EMPLOYEE \$ 100,000	
DÉSCRIPTION OF OPE  B L/P BOND - LAKE	COUNTY	EL DISEASE - POLICY LIMIT \$ 500,000	
	14460300	12/09/2011 12/09/2012 PENALTY \$5,000	
DESCRIPTION OF OPERATION  GENERAL CONTRACT	3 / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Sch	edule, if more space is required)	
GENERAL CONTRACT	12)	THIS CENTIFICATE OF INSURANCE REPRE-	
	INICOIVI 9	SENTS COVERAGE CURRENTLY IN EFFECT	
		AND MAY OR MAY NOT BE IN COMPLIANCE WITH ANY WRITTEN CONTRACT.	
	CHECK #	ALL	
CERTIFICATE HOLD	VERAGE VALUE OF THE PROPERTY O	CANCELLATION	
		OANGEERITON	
LAKE CQ 2293 NO	ION - COM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
CROWN	POINT, IN 46307	AUTHORIZED REPRESENTATIVE	
		Brista Moelsy 12/13/11	
A CORD OF (0040/07)	The 10000	© 1988-2010 ACORD CORPORATION. All rights reserved.	
ACORD 25 (2010/05)  The ACORD name and logo are registered marks of ACORD			