GF-697

ACORD

CERTIFICATE OF INSURANCE

NAME AND ADDRESS OF AGENCY

ALEXANDER & ALEXANDER
120 South Central Avenue
St. Louis, Missouri 63105

NAME AND ADDRESS OF INSURED

BERNARD MC MENAMY, CONTRACTOR, INC., ETAL
1600 Fair Lane
St. Charles, Missouri 63301

COMPANIES AFFORDING COVERAGES

COMPANY LETTER A THE HOME INDEMNITY COMPANY

COMPANY LETTER B NATIONAL SURETY CORPORATION

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)	EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY ☒ COMPREHENSIVE FORM ☒ PREMISES—OPERATIONS ☒ EXPLOSION AND COLLAPSE HAZARD ☒ UNDERGROUND HAZARD ☒ PRODUCTS/COMPLETED OPERATIONS HAZARD ☒ CONTRACTUAL INSURANCE ☒ BROAD FORM PROPERTY DAMAGE ☒ INDEPENDENT CONTRACTORS ☒ PERSONAL INJURY	GA-969 86 06	07/01/80	BODILY INJURY	$ 500	$ 500
				PROPERTY DAMAGE	$ 250	$ 500
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	$
				PERSONAL INJURY		$ 500
	AUTOMOBILE LIABILITY ☐ COMPREHENSIVE FORM ☐ OWNED ☐ HIRED ☐ NON-OWNED			BODILY INJURY (EACH PERSON)	$	
				BODILY INJURY (EACH ACCIDENT)	$	
				PROPERTY DAMAGE	$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	
B	EXCESS LIABILITY ☒ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	XLB 132 42 20	07/01/80	BODILY INJURY AND PROPERTY DAMAGE COMBINED	$5,000	$ 5,000
A	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	WC 9 79 14 32	07/01/80	STATUTORY		
					$ 500,000.	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

PLAINTIFF'S EXHIBIT
GF-697

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 below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

G A F CORPORATION
140 West 51 Street
New York, New York 10020

DATE ISSUED SEPTEMBER 21, 1979

ALEXANDER & ALEXANDER

Ralph E. Dexter
AUTHORIZED REPRESENTATIVE

ACORD 25 (1-79)

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MAF

GF-697

ACORD

Certificate of Insurance

NAME AND ADDRESS OF AGENCY

Independent Insurors, Inc.
13100 Manchester Road
St. Louis, MO 63131

COMPANIES AFFORDING COVERAGES

COMPANY LETTER A United States Fidelity & Guaranty

COMPANY LETTER B

NAME AND ADDRESS OF INSURED

Bernard McMenamy Contractor, Inc.
1600 Fair Lane
St. Charles, MO 63301

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)	EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY ☐ COMPREHENSIVE FORM ☐ PREMISES—OPERATIONS ☐ EXPLOSION AND COLLAPSE HAZARD ☐ UNDERGROUND HAZARD ☐ PRODUCTS/COMPLETED OPERATIONS HAZARD ☐ CONTRACTUAL INSURANCE ☐ BROAD FORM PROPERTY DAMAGE ☐ INDEPENDENT CONTRACTORS ☐ PERSONAL INJURY			BODILY INJURY	$	$ *
				PROPERTY DAMAGE	$	$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	$
				*Applies to Products/Completed Operations Hazard.		$ (PERSONAL INJURY)
A	AUTOMOBILE LIABILITY ☒ COMPREHENSIVE FORM ☐ OWNED ☐ HIRED ☐ NON-OWNED	BAP32311	4/1/80	BODILY INJURY (EACH PERSON)	$	
				BODILY INJURY (EACH OCCURRENCE)	$	
				PROPERTY DAMAGE	$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$ 500	
	EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED	$	$
	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY			STATUTORY		
					$	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

All autos owned and operated by the Insured.

Cancellation: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

NAME AND ADDRESS OF CERTIFICATE HOLDER

GAF Corp.
140 W. 51 St.
New York, NY 10020

DATE ISSUED September 20, 1979

R W Hayden
AUTHORIZED REPRESENTATIVE

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PG-PF

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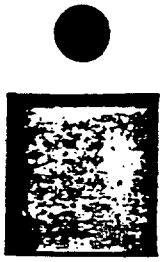



Mail to

GLEN DICKES

LEGAL DEPTRECEIVED

NEW YORK SEP 24 1979

FROM LEGAL DEPT. R. FORD

Form 3107 6/76 STL





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