

CERTIFICATE OF INSURANCE
 American Family Mutual Insurance Company
 6000 American Pkwy.
 Madison, Wisconsin 53783-0001

Agent's Name and Address

Ken Lewan Agency 043-804
 24W500 Maple, Suite 210
 Naperville, IL 60540

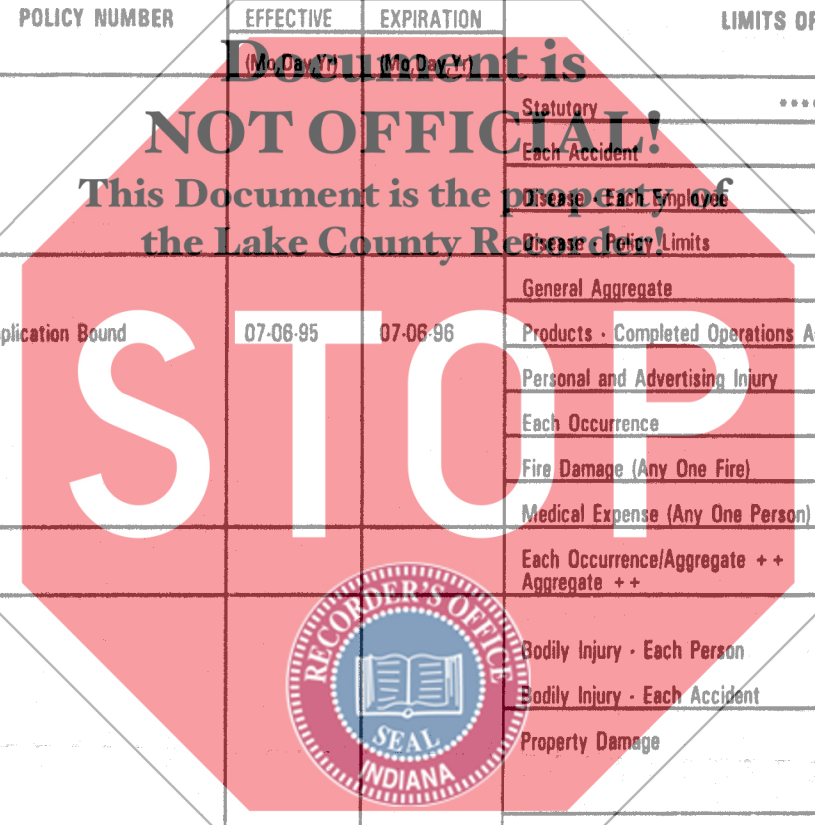
This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.

Insured's Name and Address

A Gillette Masonry
 1606 Terrace
 Schererville, IN 46375

This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES				
This is to certify that 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.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE <small>(Mo, Day, Yr)</small>	EXPIRATION <small>(Mo, Day, Yr)</small>	
WORKERS COMPENSATION and EMPLOYERS LIABILITY +				Statutory \$ 950,000
				Each Accident \$ 522,000
				Disease - Each Employee \$ 24,000
				Disease - Policy Limits \$ 2,000
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	Application Bound	07-08-95	07-08-96	General Aggregate \$ 2,000,000
				Products - Completed Operations Aggregate \$ 2,000,000
				Personal and Advertising Injury \$ 1,000,000
				Each Occurrence \$ 1,000,000
				Fire Damage (Any One Fire) \$ 50,000
				Medical Expense (Any One Person) \$ 5,000
				Each Occurrence/Aggregate ++ \$ 5,000
Aggregate ++ \$ 5,000				
AUTOMOBILE LIABILITY <input type="checkbox"/> Owned Autos (Basic Form) <input type="checkbox"/> Owned Autos (Comprehensive) <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/>				Bodily Injury - Each Person \$ 1,000,000
				Bodily Injury - Each Accident \$ 1,000,000
				Property Damage \$ 1,000,000
				Bodily Injury and Property Damage Combined \$,000
				Each Occurrence/Aggregate \$,000
EXCESS LIABILITY <input type="checkbox"/> Commercial Umbrella <input type="checkbox"/>				Each Occurrence/Aggregate \$,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS				+The individual or partners shown as Insureds <input type="checkbox"/> Have <input type="checkbox"/> Have not elected to be covered as employees under this policy. ++Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.
CERTIFICATE HOLDER'S NAME AND ADDRESS		CANCELATION		
All Cities & Towns, County of Lake Lake County Indiana		Should any of the above described policies be canceled before the expiration date thereof, the undersigned company will endeavor to mail *(days) written notice to the Certificate Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. * 10 days unless different number of days shown.		



LAKE COUNTY RECORDER
 RECORDER
 -6 PM 11:25
 STATE OF INDIANA

DATE ISSUED 07-25-95

AUTHORIZED REPRESENTATIVE

[Handwritten Signature]

[Handwritten Initials]