

**CERTIFICATE OF INSURANCE**

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

insures the following policyholder for the coverages indicated below:

Name of policyholder STEINER, DANIEL & VALERIE  
DBA - LARSON-STEINER BUILDERS  
 Address of policyholder 59 WORCHESTER DRIVE  
VALPARAISO, IN. 46383 ↑

Location of operations VARIOUS

Description of operations CARPENTRY, GENERAL

95069280

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
94-07-1035-0F	Comprehensive Business Liability	11-29-94	11-29-95	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project				Each Occurrence \$ <u>500,000</u> General Aggregate \$ <u>1,000,000</u> Products - Completed Operations Aggregate \$ <u>700,000</u>
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
94-07-1036-2F	Workers' Compensation and Employers Liability	11-29-94	11-29-95	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ <u>100,000</u> Disease Each Employee \$ <u>100,000</u> Disease - Policy Limit \$ <u>500,000</u>
94-07-7646-2F		11-29-95	11-27-96	
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORDER  
 95 NOV 14 AM 8:11  
 M. THOMAS  
 RECORDER

Name and Address of Certificate Holder

LAKE COUNTY RECORDER  
2293 NO. MAIN ST.  
CROWN POINT, IN.

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder \_\_\_ days before cancellation. If, however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

M. Thomas  
 Signature of Authorized Representative  
AGENT  
 Title  
10/25/95  
 Date

Agent's Code Stamp  
**M. THOMAS 3516**  
**SOUTH BEND F578**  
 10094  
 CL# 2530  
 900-216