

**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 CIFELLI CONSTRUCTION COMPANY INC  
 Address of policyholder 873 DAMICO DRIVE  
CHICAGO HEIGHTS, ILLINOIS 60411  
 Location of operations - SAME - ↑  
 Description of operations \_\_\_\_\_

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all 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	
93-CM-0503-2F	Comprehensive Business Liability	11/01/95	11/01/96	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Products - Completed Operations</li> <li><input checked="" type="checkbox"/> Contractual Liability</li> <li><input checked="" type="checkbox"/> Underground Hazard Coverage</li> <li><input checked="" type="checkbox"/> Personal Injury</li> <li><input checked="" type="checkbox"/> Advertising Injury</li> <li><input type="checkbox"/> Explosion Hazard Coverage</li> <li><input type="checkbox"/> Collapse Hazard Coverage</li> <li><input type="checkbox"/> General Aggregate Limit applies to each project</li> </ul>				
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EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other		POLICY PERIOD Effective Date    Expiration Date		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ 500,000 Aggregate \$ 1,000,000
Workers Compensation and Employers Liability				Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ _____ Disease Each Employee \$ _____ Disease - Policy Limit \$ _____
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

95070450

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORDER  
 96NOV17 AM 10:01  
 RECORDER IDENTIFIED



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 30 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.

Name and Address of Certificate Holder  
 LAKE COUNTY COMMISSION PLAN  
 2293 N. Main St.  
 Crown Point, Indiana 46307

Alan Bartels  
 Signature of Authorized Representative  
 ALAN BARTELS                      11/15/95  
 Title    Date

Agent's Code Stamp  
**A. BARTELS**  
**SE SUBURBAN**  
 1905  
 F015  
*CP 900*