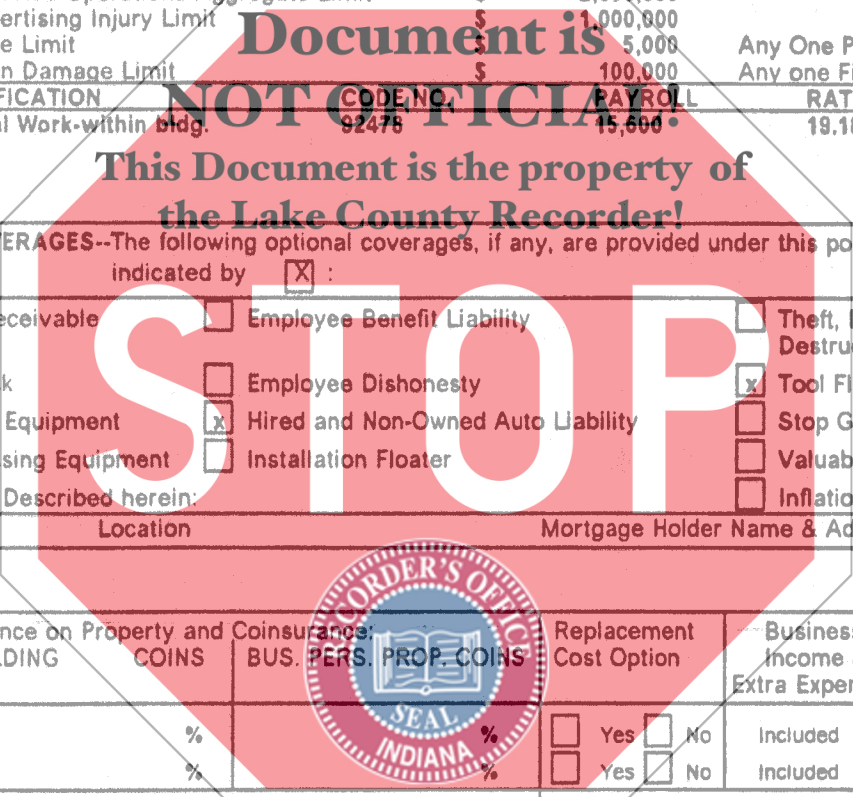


**THE CINCINNATI INSURANCE COMPANY**  
**PACKAGE FOR ARTISAN CONTRACTORS DECLARATIONS**  
**RENEWAL CERTIFICATE**  
 Attach this Certificate to your policy

NAMED INSURED & MAILING ADDRESS: Duane's Electric, Inc. 970 E. South Street Crown Point, IN 46307	POLICY NUMBER: <b>PAC 137 90 51</b>
	RENEWAL POLICY PERIOD FROM: 6-8-94 TO: 6-1-97 12:01 A.M. Standard Time at mailing address shown.
AGENCY: ISU/The Wright Insurance Agency 13-288 CITY: Merrillville, IN	THE NAMED INSURED IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE ABOVE NUMBERED POLICY IS RENEWED FOR THE TERM SHOWN.

COMPREHENSIVE GENERAL LIABILITY COVERAGE			
Each Occurrence Limit	\$	1,000,000	
General Aggregate (other than Products) Limit	\$	None	Per Project
Products--Completed Operations Aggregate Limit	\$	2,000,000	
Personal & Advertising Injury Limit	\$	1,000,000	
Medical Expense Limit	\$	5,000	Any One Person
Fire or Explosion Damage Limit	\$	100,000	Any one Fire or Explosion
<b>CLASSIFICATION</b>	<b>CODE NO.</b>	<b>PAYROLL</b>	<b>RATE PER \$1,000</b>
Electrical Work-within bldg.	92478	15,600	19.18



**OPTIONAL COVERAGES**--The following optional coverages, if any, are provided under this policy only if indicated by  :

<input type="checkbox"/> Accounts Receivable	<input type="checkbox"/> Employee Benefit Liability	<input type="checkbox"/> Theft, Disappearance, Destruction
<input type="checkbox"/> Builders Risk	<input type="checkbox"/> Employee Dishonesty	<input checked="" type="checkbox"/> Tool Floater
<input checked="" type="checkbox"/> Contractors Equipment	<input checked="" type="checkbox"/> Hired and Non-Owned Auto Liability	<input type="checkbox"/> Stop Gap Liability
<input type="checkbox"/> Data Processing Equipment	<input type="checkbox"/> Installation Floater	<input type="checkbox"/> Valuable Papers
<input type="checkbox"/> Property as Described herein:		<input type="checkbox"/> Inflation Guard 2%

Item No.	Location	Mortgage Holder Name & Address
1.		
2.		

Limits of Insurance on Property and Coinsurance:	BUS. PERS. PROP. COINS		Replacement Cost Option	Business Income & Extra Expense	Earthquake Provided?	
	BUILDING	COINS			Yes	No
1.		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.		%	<input type="checkbox"/> Yes <input type="checkbox"/> No	Included	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DEDUCTIBLE AMOUNT \$ \_\_\_\_\_ CAUSE OF LOSS: SPECIAL

Forms and Endorsements Made A Part Of This Policy At Time of Issue: Current Editions of forms are attached if the earlier editions were revised during the previous term.

IA450(11/87) MI1371(6/90) IL0272(6/89) CG0164(11/85) GA101(8/91) GA221(12/93) GA305(3/88) GA207(1/87) MA508(11/85) MA502(7/90)

**TOTAL ANNUAL PREMIUM \$ See IA450**  
 Payable \$ \_\_\_\_\_ Each \_\_\_\_\_ Months

6/27/94 Crown Point, IN      Jacqueline C. Knight  
 Countersignature Date      Agency At      Agents Signature

6-21-94mg  
 IN WITNESS WHEREOF, this policy has been signed by our President and Secretary in the City of Fairfield, Ohio, but this policy shall not be binding upon us unless countersigned by an authorized representative of ours.

Robert J. Duedens  
 Secretary

Robert W. Meyer  
 President

ORIGINAL

95072050

95 NOV 27 PM 6:09

STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD

900 SW C8# 1780