CERTIFICATE OF INSURANCE XXSTATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois This certifies that STATE FARM GENERAL INSURANCE COMPANY, Bioomington, Illinois insures the following policyholder for the coverages indicated below: Daniel Sivak D. M. S. Construction, Inc., Name of policyholder P. O. Box 1196 Address of policyholder Tinley PArk, Illinois 60477-7996 Location of operations S 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 Effective Date	PERIOD Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)
3-ET-4070-2 G	Comprehensive Business Liability	9/14/95	9/14/96	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	X Products - Completed Op X Contractual Liability Underground Hazard Completed Op Personal Injury Advertising Injury Explosion Hazard Coverage Collapse Hazard Coverage General Aggregate Limit	verage age ge		Each Occurrence General Aggregate Products - Completed Operations Aggregate Aggregate Aggregate Aggregate Aggregate Aggregate
	EXCESS LIABILITY Umbrella Other	POLICY Effective Date	PERIOD Expiration Date	BODILY INJURY AND PROPERTY DAMAG (Combined Single Limit) Each Occurrence \$ Aggregate \$
	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 Effective Date	PERIOD Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)
			200 - 100 -	
		!		

Name and Address of Certificate Holder

Lake Country Plan Commission 2293 N. MAin Street Crown Point, Indiana 46307 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.

Elward C. Brener
Signature of Authorized Representative

Agent

Jan. 8, 1996

Adent's Code Stamp

Edward C. Bromer, Agent

18221 Torrence Ave., Suite 1A Lansing, Illinois 60433