

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 John A. Kucik DBA J A Kucik Construction

Address of policyholder 7780 Lincolnway
Hobart, IN 46342-6748

Location of operations _____

Description of operations _____

96011921

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	
94-07-4816-0F	Comprehensive Business Liability	06-07-95	06-07-96	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 checked="" type="checkbox"/> Explosion Hazard Coverage <input checked="" type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project				Each Occurrence \$ 1,000,000.00 General Aggregate \$ 1,000,000.00 Products - Completed Operations Aggregate \$ 1,000,000.00

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 RECORDER
 FEB 23 1996
 PH 1:54

POLICY NUMBER	EXCESS LIABILITY	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
94-07-4812-1F	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	06-07-95	06-07-96	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence \$ _____ Aggregate \$ _____
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ 100,000.00 Disease Each Employee \$ 100,000.00 Disease - Policy Limit \$ 500,000.00

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	

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 Plan Commission
 2293 North Main Street
 Crown Point, IN 46307

Michael A. McGuirk
 Signature of Authorized Representative
 Agent _____ Date 02-23-96

Agent's Code Stamp
M. McGuirk 3403
Valparaiso F580
 900
 SW