

CERTIFICATE OF INSURANCE:

CSR DG 02/26/96

PRODUCER
Graves Financial Services, Inc
 107 S Meadow St P O Box 656
 Grant Park, IL
 60940-0656
 PHONE 815-465-6781

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

C Hamann Farm Drain & Exc, Inc
 6546 N 15000 E Road
 Grant Park IL
 60940-5476

COMPANY LETTER A **Aetna Cas & Surety of ILL**
 COMPANY LETTER B **General Casualty Companies**
 COMPANY LETTER C
 COMPANY LETTER D
 COMPANY LETTER E

> COVERAGES <-----
 THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
	GENERAL LIABILITY				
B	<input checked="" type="checkbox"/> COMMERCIAL GEN LIABILITY [] CLAIMS MADE [X] OCC. [] OWNERS'S & CONTRACTOR'S PROTECTIVE [] []	CGA0050753	03/01/96	03/01/97	GENERAL AGGREGATE 300000 PROD-COMP/OP AGG. 300000 PERS. & ADV. INJURY 300000 EACH OCCURRENCE 300000 FIRE DAMAGE (ANY ONE FIRE) 500000 MED. EXPENSE (ANY ONE PERSON) 500000
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>	CBA0050753	03/01/96	03/01/97	COMB. SINGLE LIM 400000 BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	CCU0050753	03/01/96	03/01/97	EACH OCCURRENCE 1000000 AGGREGATE 1000000
A	WORKERS' COMP AND EMPLOYERS' LIAB	008C0024417293	03/01/96	03/01/97	STATUTORY LIMITS EACH ACCIDENT 100000 DISEASE-POL. LIMIT 100000 DISEASE-EACH EMP. 500000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Excavation.

Commercial General Liability with \$300,000 underlying limit and \$1,000,000 Umbrella Liability

> CERTIFICATE HOLDER <-----> CANCELLATION <----->
 = SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT = FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

Lake County Plan Commission
 2293 North Main Street
 Crown Point IN
 46307

= AUTHORIZED REPRESENTATIVE
Eugene W. Graves *Eugene W. Graves*

ACORD 25-S (7/90)

960112298
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 FEB 26 3:50 PM '96
 RECORDER

#5212