CERTIFICATE OF INSURANCE

This certifies that [X] 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: Strunk, Michael DBA Lawndale Electric Co.

Address of policyholder: 9603 Wicker Ave.
St. John, IN 46375

Location of operations:

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 Effective Date	Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)
94-07-3239-4 F	Comprehensive Business Liability	3/18/95	3/18/96	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	[X] Products - Completed Operations [X] Contractual Liability [X] Underground Hazard Coverage [X] Personal Injury [X] Advertising Injury [ ] Explosion Hazard Coverage [ ] Collapse Hazard Coverage [ ] General Aggregate Limit applies to each project [ ] [ ]			Each Occurrence $ 500,000 General Aggregate $ 1,000,000 Products - Completed Operations Aggregate $ 1,000,000
	EXCESS LIABILITY [ ] Umbrella [ ] Other	POLICY PERIOD Effective Date	Expiration Date	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 $ Disease Each Employee $ Disease - Policy Limit $

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

960013303

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 FEB 29 AM 11:53
MARGARET RECORDER

If any of the described policies are canceled before its expiration date, State Farm will try to mail 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

Signature of Authorized Representative: James Feltzer

Title: AGENT Date: 2/13/96

Agent's Code Stamp
J. FELTZER 2804
HIGHLAND F576

900
Sh

CK#1959

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