



CERTIFICATE OF INSURANCE

United Farm Bureau Mutual Insurance Company

This is to certify that the policies listed in this Certificate have been issued to the Named Insured by United Farm Bureau Mutual Insurance Company. 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 coverages afforded by the policies below.

NAMED INSURED AND MAILING ADDRESS

T.H. Construction, Inc.
 c/o Terry Hovanec
 5711 E. 105th Lane
 Crown Point, Ind. 46307

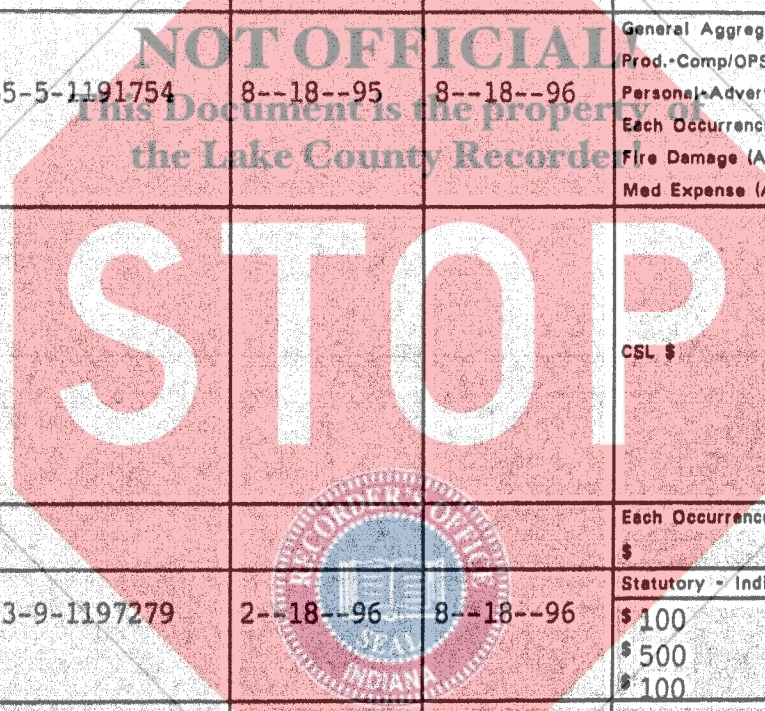
CERTIFICATE ISSUED TO

Lake County Bldg. Commission
 2293 N. Main Street
 Crown Point, Ind. 46307

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 THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

Type of Insurance	Policy Number	Effective Date	Expiration Date	All Limits in Thousands
GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners & Contractors Protect. <input type="checkbox"/>	65-5-1191754	8--18--95	8--18--96	General Aggregate \$2,000 Prod.-Comp/OPS Aggregate \$2,000 Personal-Advertising Injury \$N/A Each Occurrence \$1,000 Fire Damage (Any one fire) \$N/A Med Expense (Any one person) \$
AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Owned Pvt Pass Autos Only <input type="checkbox"/> Owned Other Than Pvt Pass <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/>				CSL \$
UMBRELLA LIABILITY				Each Occurrence \$ Aggregate \$
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	63-9-1197279	2--18--96	8--18--96	Statutory - Indiana \$100 (Each Accident) \$500 (Disease Policy Limit) \$100 (Disease-Each Employee)
OTHER				



96028170
 96 MAR 29 AM 10
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MAR 29 1996

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, RESTRICTIONS, AND SPECIAL ITEMS

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, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

3-26-96
 Date

Authorized Representative

Only Agency Managers, Assistant Agency Managers and Authorized Home Office personnel may sign the Certificate on behalf of the Company.

9/25