		CERTIFICATE (	OF INSURANCE		
This certifies that	STATE FARM FIRE AND		** T		
insures the following policyh	older for the coverages indicate	ed below:			
Name of policyholder	GUS & DIMITRIA ARGES				
Address of policyholder	76136 LYMAN AV	E			
	HAMMOND, IN	46320			
Location of operations	10219 WINFIELD DRIVE, MUNSTER, IN 46321				
Description of operations					
The policies listed below have exclusions, and conditions of	ve been issued to the policyholo f those policies. The limits of li	der for the policy peri ability shown may have	ods shown. The inve been reduced by	surance described in these po any paid claims.	licles is subject to the terms,
POLICY NUMBER	TYPE OF INSURANCE	POLICY Effective Date	PERIOD Expiration Date		F LIABILITY 5
	Comprehensive Business Liability				BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	Products - Completed C	perations CUL			
	Contractual Liability Underground Hazard Coverage Underground Hazard Haz			Each Occurrence	\$ <u> </u>
	Personal Injury  Advertising Injury's Document is the prot			General Aggregate	
	Explosion Hazard Coverage ake County Recor			Products - Completed	
	Collapse Hazard Coverage General Aggregate Limit applies to each project			Operations Aggregate	
And the second party of th	EXCESS LIABILITY POLICY PERIOD		PERIOD	BODILY INJURY AND PROPERTY DAMAGE	
	Umbrella	Effective Date	Expiration Date	Each Occurrence (Co	ombined Single Mith コーラ
	Other Other			Aggregate	\$ E = 828
				Part 1 STATUTORY	- 5 6 B F
radio de Porto de La grapa de la Colonia. A del desarrollo de la colonia de la col	Workers' Compensation		R'S Option	Part 2 BODILY INJURY Each Accident	\$
rede (de Alband) Ordanio Trochamera de Colonio (de Albando) Salvino de Albando (de Albando)	and Employers Liability	THE ROLL		Disease Each Employee \$	
	man and a second	<i>€9</i> / n=		Disease - Policy Limit	
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD  Effective Date : Expiration Date		(at beginning of policy period)	
APPLIED FOR	BOND	05/20/96	05/20/07	\$5,000	
	(3) (3) (3)		1007.207.51		
14-3204-5 HOMEOWNERS		05/20/96	05/20/97	\$500,000	
Name and Addres	ss of Certificate Holder			expiration date, State Farm v the certificate holder 30 however, we fail to mail such	olicies are canceled before its vill try to mail a written notice to days before cancellation. If, in notice, no obligation or liability rm or its agents or representa-
				Title	Date

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