

COORDINATED CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
03/29/96

PRODUCER
Sarkey Insurance Agency
P.O. Box 315
St. John, IN 46373

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.

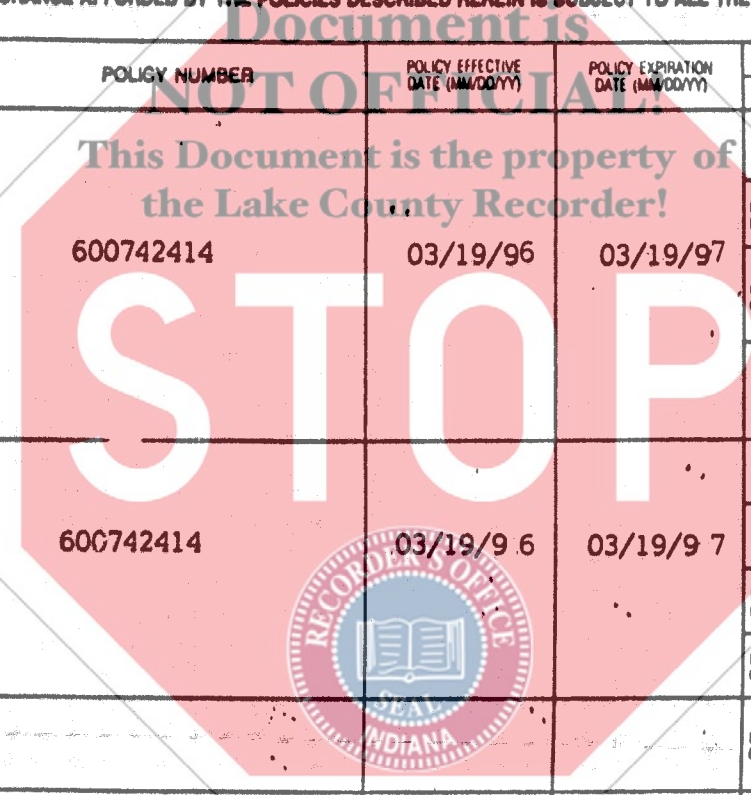
COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** Truck Insurance Exchange
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
Sulek Concrete Construction Inc
9120 Schilton Dr.
St. John, IN 46373

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	600742414	03/19/96	03/19/97	BODILY INJURY	\$ 213.87
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM					
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD					
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS					
	<input checked="" type="checkbox"/> CONTRACTUAL					
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS					
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input checked="" type="checkbox"/> PERSONAL INJURY					
	AUTOMOBILE LIABILITY	600742414	03/19/96	03/19/97	BODILY INJURY (PER PERSON)	\$ 1,000
<input checked="" type="checkbox"/> ANY AUTO						
<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)						
<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)						
<input type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	<input checked="" type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	N16081005	03/19/96	03/19/97	STATUTORY	\$ 100 (EACH ACCIDENT) \$ 500 (DISEASE-POLICY LIMIT) \$ 100 (DISEASE-EACH EMPLOYEE)
	OTHER					



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 MARGARET L. STEVENS
 RECORDER
 96 APR -3 AM 10:35

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
Lake County Plan Commission
2293 N. Main
Crown Point, IN 46307

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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.

AUTHORIZED REPRESENTATIVE
[Signature]

COORDINATED

COORDINATED CORPORATION

[Handwritten initials]