

CERTIFICATE OF INSURANCE

GAM 00732

ISSUE DATE 03/28/96

PRODUCER
ARTHUR J GALLAGHER & CO
CHICAGO METRO
 G. MITCHELL 708-968-0333
 1101 31ST ST, PO BOX 579
 DOWNERS GROVE IL 60515

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 HARTFORD INS CO #510718
COMPANY LETTER	B CRUM & FORSTER (US INS)
COMPANY LETTER	C CASUALTY
COMPANY LETTER	D GERLING
COMPANY LETTER	E

INSURED
LARMCO COMPANY, INC.
 20001 BLACKSTONE AVE.
 LYNWOOD, IL 60411

96024079

COVERAGES

THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
D	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> AM... <input checked="" type="checkbox"/> PER PERSONAL AGGREGATE	R 20571GL1	03/31/96	03/31/97	GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS COMP/OP AGG	\$ 1,000,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 100,000
					MED EXP (Any one person)	\$ 5,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY... <input type="checkbox"/> ... <input checked="" type="checkbox"/> ... <input checked="" type="checkbox"/> ... <input type="checkbox"/> ...	R 20571GL1	03/31/96	03/31/97	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
B	EXCESS LIABILITY <input checked="" type="checkbox"/> OTHER THAN...	R 30363614	03/31/96	03/31/97	EACH OCCURRENCE	\$ 5,000,000
					AGGREGATE	\$ 5,000,000
C	WORKER'S COMPENSATION AND EMPLOYERS LIABILITY	96049796	03/31/96	03/31/97	STATUTORY LIMITS	
					EACH ACCIDENT	\$ 500,000
					DISEASE-POLICY LIMIT	\$ 500,000
				DISEASE EACH EMPLOYEE	\$ 500,000	
OTH.						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 REGARDING INSTALLATION OF MASONRY WORK FOR LAKE COUNTY, INDIANA.

CERTIFICATE HOLDER
 LAKE COUNTY PLAN COMMISSION
 2293 NORTH MAIN STREET
 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 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