

CERTIFICATE OF INSURANCE

This certifies that

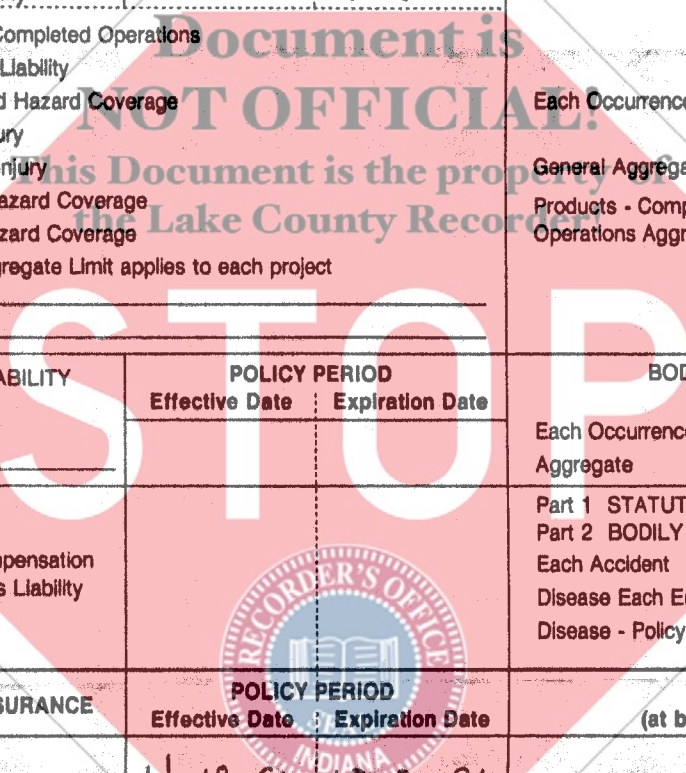
- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois

insures the following policyholder for the coverages indicated below:

Name of policyholder Five-Star General Contracting
 Address of policyholder Richard Wisniewski
9311 W. 141st Ave
 Location of operations Cedar Lake, Ind. 46303
 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		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
<u>Applied For</u>	Comprehensive Business Liability	<u>4-18-96</u>	<u>4-18-97</u>	BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ <u>500,000</u> General Aggregate \$ <u>1,000,000</u> Products - Completed Operations Aggregate \$ _____
This insurance includes:	<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> General Aggregate Limit applies to each project <input type="checkbox"/> _____ <input type="checkbox"/> _____			
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other _____	Effective Date	Expiration Date	(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		LIMITS OF LIABILITY (at beginning of policy period)
<u>Surety Bond</u>		<u>4-18-96</u>	<u>12-31-96</u>	



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 96 APR 18 AM 10:41
 MARGARET E. CLAY AND
 RECORDED

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 96 APR 18 AM 10:41
 MARGARET E. CLAY AND
 RECORDED

Name and Address of Certificate Holder
LAKE CO. PLANNING COMM.
CROWN POINT, IND 46307

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder _____ 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.

B. E. Rees
 Signature of Authorized Representative
AGENT
 Title _____ Date _____

Agent's Code Stamp
B. Rees 2859
Valparaiso F580
 ck # 1203
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