Billing Number: 7111217 P.O. Box 2100, Bloomington, Illinois 61702-2100

Certificate Holder: LAKE COUNTY LICENSING DEPT. 2293 N. MAIN ST.

CROWN POINT, IN

46307

Name and address of insured: COLVIN CONSTRUCTION CO 19960 S TORRENCE AVE LYNWOOD IL A

CERTIFICATE OF INSURANCE

Insurance Office: 063 SO

Effective Date:

60411

04/10/95

The policies listed below have been issued to this named insured. Limits shown are the policy limits in effect at the date of this certificate. Claims paid anytime during the policy period may reduce some of these limits. This certificate is for information only and does not amend, alter or extend any coverage provided by policies listed.

TYPE OF INSURANCE	POLICY	EXP. DATE	BODILY INJURY PROPERTY DAMA
COMMERCIAL UMBRELLA LIABILITY		ument is	\$1,000,000 SINGLE LIMIT - EXCESSO NOT COVER UNDERLYING
WORKERS' COMPENSATION	AW1114910 03	3/31/97	STATUTORY \$500,000 EACH ACCIDENT \$500,000 DISEASE-EACH EMPLOYEE \$500,000 DISEASE-POLICY LIMIT
COMMERCIAL GENERAL LIABILITY	AB1114910 03		GENERAL AGGREGATE \$1,000,000 EACH OCCURRENCE \$500,000
AUTOMOBILE LIABILITY	AV1114910 03	3/31/97	\$500,000 PERSON \$100,000 OCC.

INSURING: Owned Vehicles, Hired Vehicles, Other Non-Owned Vehicles

Should any of the above described policies be cancelled before the expirate date thereof, the issuing company will mail 10 days written notice Arthur A. Van Barner to the certificate holder named.

Issued at:

By: ARTHUR A VAN BAREN Authorized Representative