

**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 Andrew Thomas DBA Thomas Irrigation

Address of policyholder 1408 Inverness Ln

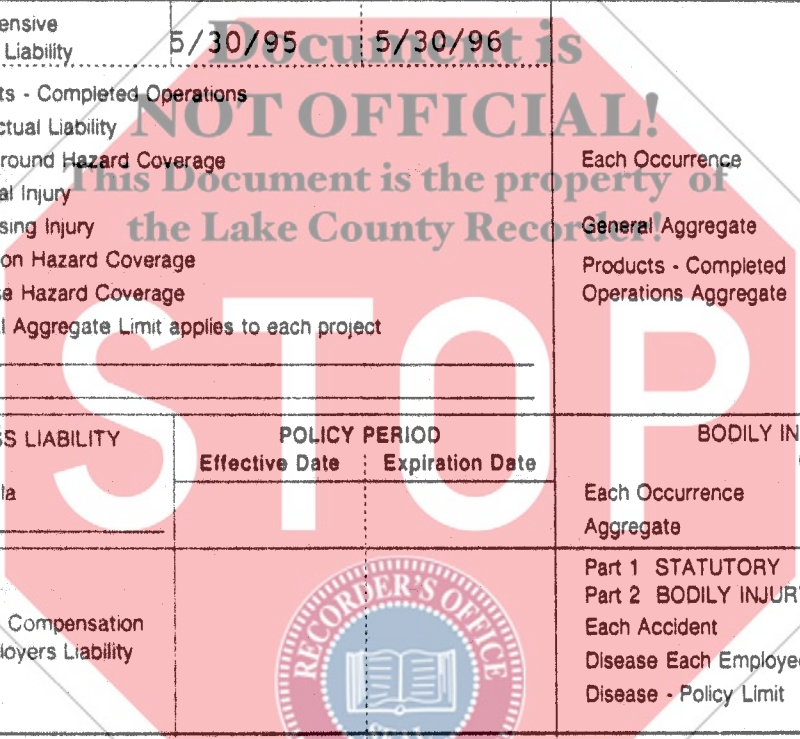
Schererville, IN 46375

Location of operations \_\_\_\_\_

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	
Binder 2804-5	Comprehensive Business Liability	5/30/95	5/30/96	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input checked="" type="checkbox"/> Products - Completed Operations				Each Occurrence \$ 500,000
<input checked="" type="checkbox"/> Contractual Liability				General Aggregate \$ 1,000,000
<input checked="" type="checkbox"/> Underground Hazard Coverage				Products - Completed Operations Aggregate \$
<input checked="" type="checkbox"/> Personal Injury				
<input checked="" 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"/>				
<input type="checkbox"/>				
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	(Combined Single Limit)
	<input type="checkbox"/> Other			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
Binder 2804-5	Bond	Effective Date	Expiration Date	(at beginning of policy period)
		5/30/95	5/30/96	5,000



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 96 APR 29 AM 9:30  
 MARGARET E. BARNHART  
 RECORDER

Name and Address of Certificate Holder  
 Town of St. John

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 30 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.

*J. Lutz*  
 Signature of Authorized Representative  
 AGENT  
 Date 5/30/95

Agent's Code Stamp  
 J.E. FELTZER 2804  
 M.A. THOMAE 14  
 es  
 DW