

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 R P Masonry Company INC.

Address of policyholder 8856 Beal St.

Dyer, IN 46311

Location of operations _____

Description of operations _____

96028945

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	
94-07-8549-7	Comprehensive Business Liability	1-9-96	1-9-97	BODILY INJURY AND PROPERTY DAMAGE Each Occurrence \$ 500,000 General Aggregate \$ 1,000,000 Products - Completed Operations Aggregate \$ 1,000,000
This insurance includes: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Underground Hazard Coverage <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 				
	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 \$ _____
94-07-8600-6	Workers' Compensation and Employers Liability	1-9-96	1-9-97	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ 100,000 Disease Each Employee \$ 100,000 Disease - Policy Limit \$ 500,000
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)



STATE OF INDIANA
 LAKE COUNTY RECORDER
 MAY 11 1996
 RECORDED

Name and Address of Certificate Holder
 Lake County Plan Commission
 2293 N. Main Street
 Crown Point, Indiana
 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 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.

Signature of Authorized Representative [Signature]
 Agent
 Title
 Date 12-26-95

Agent's Code Stamp
 J. Jacobson 3348
 Highland F576
 900
 SU
 CS