P01

This certifies that [X] 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: GOLDEN OAK BUILDERS INC.

Address of policyholder: 12931 WILDWOOD
CEDAR LAKE, IN 46303-9371

Location of operations:

Description of operations:

96029312

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 Effective Date	POLICY PERIOD Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)
94-07-3332-1F	Comprehensive Business Liability	3-22-96	3-22-97	BODILY INJURY AND PROPERTY DAMAGE
	This insurance includes: [X] Products - Completed Operations; [X] Contractual Liability; [ ] Underground Hazard Coverage; [ ] Personal Injury; [ ] Advertising Injury; [ ] Explosion Hazard Coverage; [ ] Collapse Hazard Coverage; [ ] General Aggregate Limit applies to each project; [ ] ; [ ]			Each Occurrence $ 500,000; General Aggregate $ 1,000,000; Products - Completed Operations Aggregate $
	EXCESS LIABILITY [ ] Umbrella [ ] Other			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence $; Aggregate $
94-07-3333-3F	Workers' Compensation and Employers Liability	3-22-96	3-22-97	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 Effective Date	POLICY PERIOD Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 96 MAY -3 AM 10: RECORDER

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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.

Name and Address of Certificate Holder

LAKE COUNTY PLAN COMM.

Signature of Authorized Representative

Agent — Title

5-1-96 — Date

#3758

STATE FARM INSURANCE

ED KOZLOWSKI INS. AGENCY, INC.
ED KOZLOWSKI, Agent
6629 West U.S. Highway 30
"Harvest Centre" Ste. 7, P.O. Box 257
Schereville, Indiana 46375
Off. 219-322-2010 Res. 219-923-4444

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