

ACORD. CERTIFICATE OF INSURANCE

CSR
BELLE-1

DATE (MM/DD/YY)
05/07/96

PRODUCER
McClure & Associates
Brian D. McClure
1440 Maple Ave. Ste. 6B
Lisle IL 60532-4138

Brian D. McClure
708-241-4220
INSURED

Belle Engineering
6823 Hobson Road
Woodridge IL 60517

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

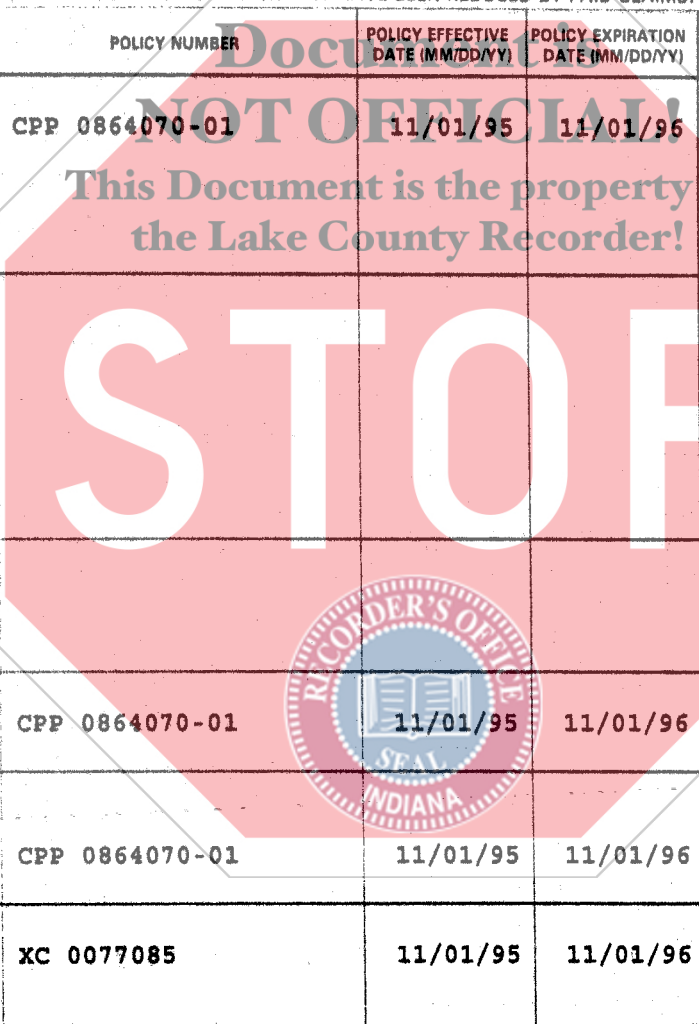
COMPANIES AFFORDING COVERAGE

COMPANY A	GENERAL ACCIDENT INS. CO.
COMPANY B	Casualty Insurance Company
COMPANY C	
COMPANY D	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	CPP 0864070-01	11/01/95	11/01/96	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> PER JOB AGG END.				FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$ 96030357
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY:	\$
					EACH ACCIDENT	\$
					AGGREGATE	\$
	GARAGE LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> ANY AUTO				AGGREGATE	\$
					EACH OCCURRENCE	\$
A	EXCESS LIABILITY	CPP 0864070-01	11/01/95	11/01/96	AGGREGATE	\$
	<input checked="" type="checkbox"/> UMBRELLA FORM				STATUTORY LIMITS	\$ 500,000
	OTHER THAN UMBRELLA FORM				EACH ACCIDENT	\$ 500,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	CPP 0864070-01	11/01/95	11/01/96	DISEASE - POLICY LIMIT	\$ 500,000
	THE PROPRIETOR, PARTNERS/EXECUTIVE OFFICERS ARE:				DISEASE - EACH EMPLOY	\$ 500,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL					
A	OTHER	XC 0077085	11/01/95	11/01/96		
	Workers Comp					



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
RECORDER
MAY 10 1996
AM 10:10

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

The City of Hobart Building
Department
City of Hobart
414 Main Street
Hobart IN 46342

HOBAR-1

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Brian D. McClure

8512