

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 12/04/96
 POLICY NO. 219-924-6090

PRODUCER
 Lundeberg Insurance Assoc. Inc.
 9521 Indianapolis Blvd.
 Highland IN 46322-

Phone No. 219-924-6090 Fax No. 219-924-2144

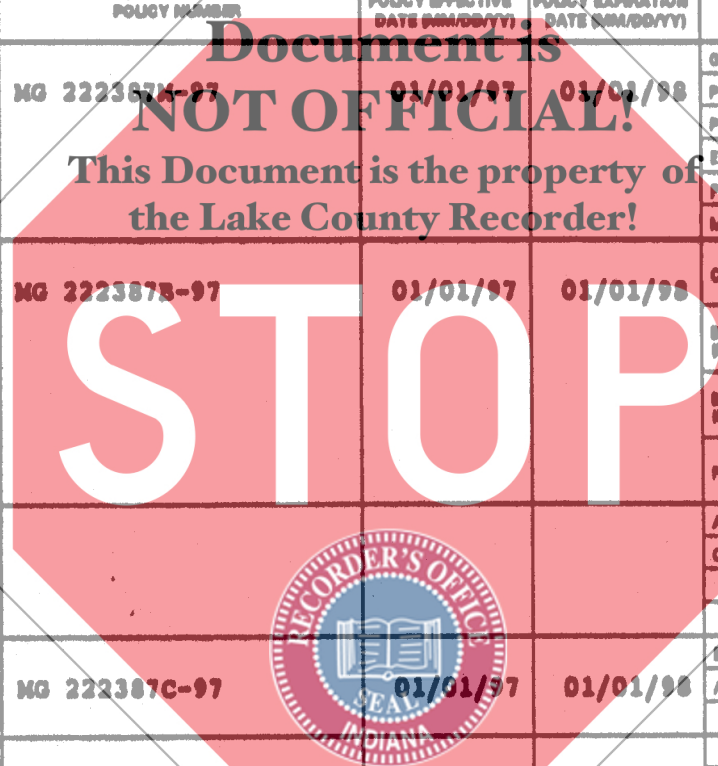
INSURED
 J. METRO EXCAVATING, INC.
 John Metro
 P.O. Box 374
 Cedar Lake IN 46303

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	Monroe Guaranty Ins. Company
COMPANY B	
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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> BLNKT ADDTL INSD	MG 222367M-97	01/01/97	01/01/98	GENERAL AGGREGATE: \$1,000,000 PRODUCTS - COM/PROP AGG: \$1,000,000 PERSONAL & ADV INJURY: \$1,000,000 EACH OCCURRENCE: \$1,000,000 FIRE DAMAGE (Any one fire): \$50,000 MED EXP (Any one person): \$5,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	MG 222387B-97	01/01/97	01/01/98	COMBINED SINGLE LIMIT: \$500,000 BODILY INJURY (Per person): \$100,000 BODILY INJURY (Per accident): \$100,000 PROPERTY DAMAGE: \$50,000
	BARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT: \$0 OTHER THAN AUTO ONLY: \$0 EACH ACCIDENT: \$0 AGGREGATE: \$0
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	MG 222387C-97	01/01/97	01/01/98	EACH OCCURRENCE: \$1,000,000 AGGREGATE: \$1,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL	MG 222387W-97	01/01/97	01/01/98	EL EACH ACCIDENT: \$500,000 EL DISEASE - POLICY LIMIT: \$500,000 EL DISEASE - EA EMPLOYEE: \$500,000	
OTHER					



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
 LAKE010
 LAKE COUNTY PLAN COMMISSION
 2293 North Main Street
 Crown Point IN 46307

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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: *[Signature]*

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