

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR JD
DRESB-1

DATE (MM/DD/YY)
12/04/96

PRODUCER

Horton Insurance Agency, Inc.
14400 John Humphrey Drive
Orland Park IL 60462-2638

Charles A. Naso

Phone No. 708-873-3000 Fax No. 708-873-3001

INSURED

Dresden Concrete, Inc.
11349 W Manhattan Monee Road
Monee IL 60449

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 CNA Insurance Company

COMPANY B Crum & Forster Insurance Co

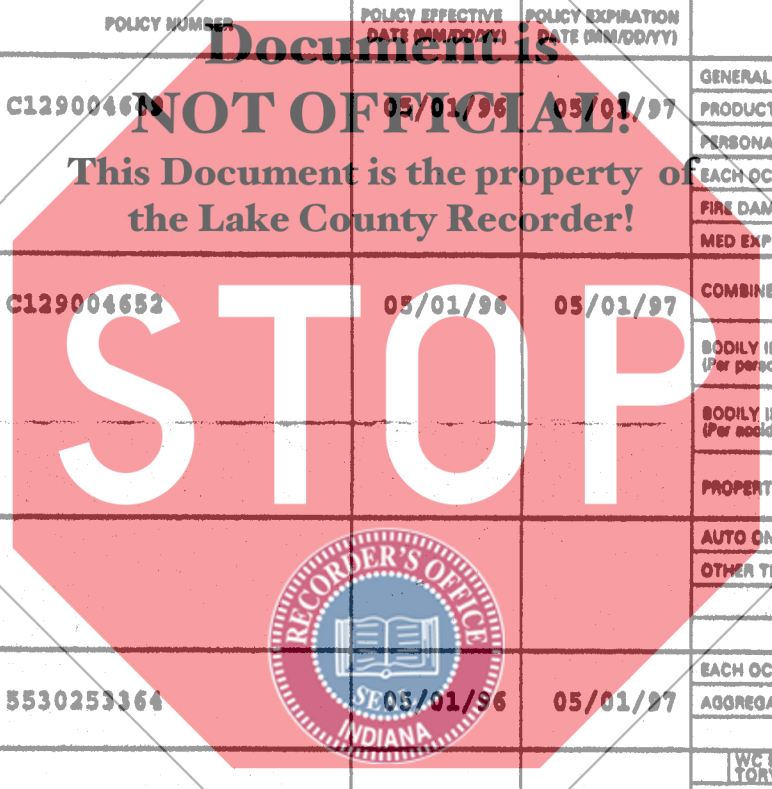
COMPANY C

COMPANY D

960798

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	C129004673	05/01/96	05/01/97	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: \$100,000
A	AUTOMOBILE LIABILITY	C129004652	05/01/96	05/01/97	FIRE DAMAGE (Any one fire): \$50,000
	<input checked="" type="checkbox"/> ANY AUTO				MED EXP (Any one person): \$5,000
	<input type="checkbox"/> ALL OWNED AUTOS				COMBINED SINGLE LIM: \$1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person): \$100,000
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident): \$100,000
	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE: \$100,000
	<input type="checkbox"/>				AUTO ONLY - EA ACCIDENT: \$100,000
	<input type="checkbox"/>				OTHER THAN AUTO ONLY: \$100,000
	<input type="checkbox"/>				EACH ACCIDENT: \$100,000
	<input type="checkbox"/>				AGGREGATE: \$100,000
B	EXCESS LIABILITY	5530253364	05/01/96	05/01/97	EACH OCCURRENCE: \$10,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE: \$10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC129004666	05/01/96	05/01/97	EL EACH ACCIDENT: \$500,000
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL DISEASE - POLICY LIMIT: \$500,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE: \$500,000
	OTHER				
A	Property	C129004649	05/01/96	05/01/97	
A	Eqipt Floater	C129004649	05/01/96	05/01/97	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKEC-4

Lake County and all municipalities thereof, IN
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
Glenn M. Horton

985