

# 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 JOHN J. NIEWIRSKI, DBA JACK'S ELECTRIC  
 Address of policyholder 6304 W. 88TH PLACE  
CROWN POINT, IN 46307  
 Location of operations VARIOUS  
 Description of operations ELECTRICIAN

96083078

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	
94-08-4592-5	Comprehensive Business Liability	1/1/97	1/1/98	BODILY INJURY AND PROPERTY DAMAGE Each Occurrence: \$500,000 General Aggregate: \$1,000,000 Products - Completed Operations Aggregate: \$1,000,000 General Aggregate Limit applies to each project
This insurance includes: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Products - Completed Operations</li> <li><input checked="" type="checkbox"/> Contractual Liability</li> <li><input checked="" type="checkbox"/> Underground Hazard Coverage</li> <li><input checked="" type="checkbox"/> Personal Injury</li> <li><input checked="" type="checkbox"/> Advertising Injury</li> <li><input type="checkbox"/> Explosion Hazard Coverage</li> <li><input type="checkbox"/> Collapse Hazard Coverage</li> <li><input type="checkbox"/> General Aggregate Limit applies to each project</li> </ul>				
	EXCESS LIABILITY <input type="checkbox"/> Umbrella <input type="checkbox"/> Other	POLICY PERIOD Effective Date      Expiration Date		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) Each Occurrence: \$ _____ Aggregate: \$ _____
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY Each Accident: \$ _____ Disease Each Employee: \$ _____ Disease - Policy Limit: \$ _____
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
94-08-4592-5	SURETY BOND	1/1/97	1/1/98	\$5000



STATE OF INDIANA  
 LAKE COUNTY  
 RECORDER  
 DEC 11 1997  
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Name and Address of Certificate Holder  
 LAKE COUNTY PLAN COMMISSION  
 2293 N. MAIN STREET  
 CROWN POINT, IN 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 10 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.

*BC Masepohl*  
 Signature of Authorized Representative  
 AGENT Title      Dec. 10, 1996 Date

Agent's Code Stamp  
**B. Masepohl 2004**  
**Highland F576**