

ACORD. CERTIFICATE OF LIABILITY INSURANCE

CSR PC
ALBSC-1

DATE (MM/DD/YY)
01/26/97

PRODUCER

Corkill Insurance Agency, **97006454**
1699 Wall Street Suite 506
Mount Prospect IL 60056

Paul F. Praxmarer
Phone No. **847-758-1000** Fax No. **847-758-1200**
INSURED

A.L.B.S. Construction, Inc.
925 E. Rand Road, Ste. 202
Arlington Heights IL 60004

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	Statewide Insurance Company
COMPANY B	Fireman's Fund Ins. Co.
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	212514677	06/15/96	06/15/97	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	\$ 1,000,000	
A	AUTOMOBILE LIABILITY	312514676	06/15/96	06/15/97	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 LIMIT	\$ 1,000,000
					<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)	\$
					<input checked="" type="checkbox"/> HIRED AUTOS	BODILY INJURY (Per accident)	\$
					<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE	\$
					<input type="checkbox"/>	AUTO ONLY - EA ACCIDENT	\$
					<input type="checkbox"/>	OTHER THAN AUTO ONLY:	
					<input type="checkbox"/>	EACH ACCIDENT	\$
					<input type="checkbox"/>	AGGREGATE	\$
B	EXCESS LIABILITY	XSC-000-9554-4474	06/20/96	06/15/97	EACH OCCURRENCE	\$ 5,000,000	
					<input checked="" type="checkbox"/> UMBRELLA FORM	AGGREGATE	\$ 5,000,000
					OTHER THAN UMBRELLA FORM		\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	712619247	06/15/96	06/15/97	<input checked="" type="checkbox"/> W/C STATUTORY LIMITS		
					<input type="checkbox"/> OTHER	EL EACH ACCIDENT	\$ 1,000,000
					<input type="checkbox"/> INCL	EL DISEASE - POLICY LIMIT	\$ 1,000,000
					<input checked="" type="checkbox"/> EXCL	EL DISEASE - EA EMPLOYEE	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

LAKE018

Lake County, State of Indiana
Recorder's Office
2293 N. 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

Paul F. Praxmarer

G. Carson