

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR PR SKINN-1

DATE (MM/DD/YY) 01/28/97

PRODUCER

Daniel James Insurance
3077 East 98th Street
Indianapolis IN 46280

87009262

Richard D. Trimpe
Phone No. 317-574-5000 Fax No.

INSURED

The Skinner & Broadbent Co.
The Skinner & Broadbent
Construction Co., Inc.
201 N. Illinois St., 29rd Fl.
Indianapolis IN 46204-1901

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	MORRIS W. CARTER Insurance
COMPANY B	Firemans Fund Specialty Div.
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	42152117	01/01/97	01/01/98	GENERAL AGGREGATE	\$ 2000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1000000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1000000
					FIRE DAMAGE (Any one fire)	\$ 50000
					MED EXP (Any one person)	\$ 5000
A	AUTOMOBILE LIABILITY	BA9144604	01/01/97	01/01/98	COMBINED SINGLE LIMIT	\$ 1000000
	<input checked="" 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	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
B	EXCESS LIABILITY	XSC82937202	01/01/97	01/01/98	EACH OCCURRENCE	\$ 25000000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 25000000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$ NIL
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC9138626	01/01/97	01/01/98	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT	\$ 500000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE - POLICY LIMIT	\$ 500000
	OTHER				EL DISEASE - EA EMPLOYEE	\$ 500000
A	Rented Contr Equip	42152117	01/01/97	01/01/98	incl Trlr	\$50000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

City of Hobart is considered an Additional Insured as respects Skinner & Broadbent bonds with the City.

CERTIFICATE HOLDER

HOBAR-2

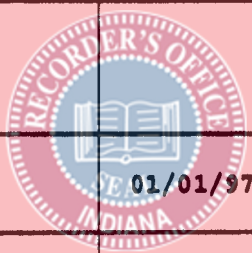
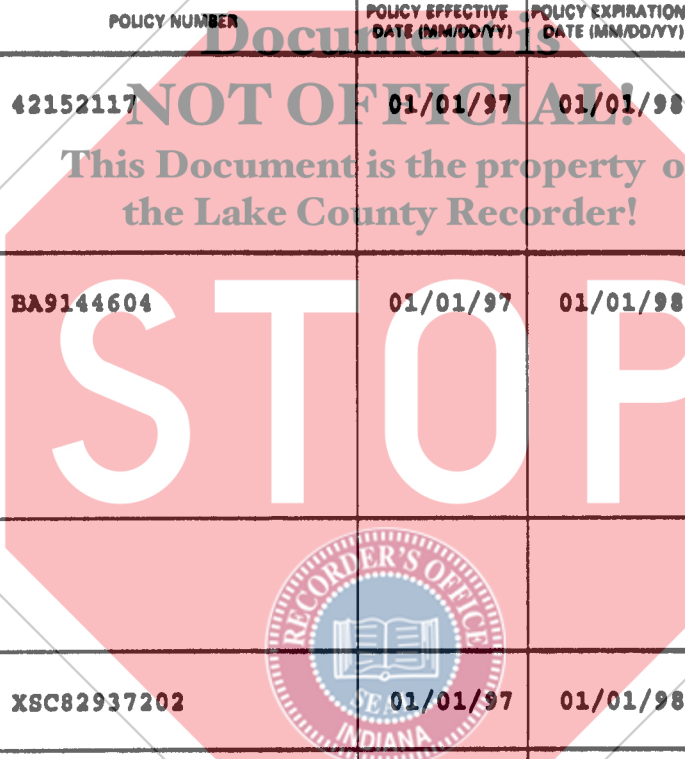
City of Hobart
414 Main Street
Hobart, IN

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

Richard D. Trimpe



9w
MS